

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs

General Information	
Name of ASHA	Village
Name of ANM	Sub Centre
PHC	Date
Personal Details	
Name	Any Identifier (Aadhaar Card, UID, Voter ID)
Age	State Health Insurance Schemes: (Y/N) _____
Sex	Telephone No.
Address	

Part A: Risk Assessment				
Question	Range		Circle Any	Write Score
1. What is your age? (in complete years)	30-39 years		0	
	40-49 years		1	
	≥ 50 years		2	
2. Do you smoke or consume smokeless products such as gutka or khaini ?	Never		0	
	Used to consume in the past/ Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily?	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week?	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				
A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritised for attending the weekly NCD day				