



CPHC NCD Solution

NCD Application ANM User Manual

Contents

INTRODUCTION	4
INTRODUCTION TO THE PROGRAM:	4
INTRODUCTION TO THE APPLICATION FOR ANMS:.....	4
ROLE OF ASHAS	5
ROLE OF ANM.....	5
SCREENING AND MANAGEMENT FLOW:	6
STEPS TO FOLLOW:.....	7
SCREEN 1: TABLET HOME PAGE	8
SCREEN 3: SUB CENTRE PROFILE	11
SCREEN 4: HOME PAGE AFTER LOGIN.....	13
SCREEN 5: ABOUT HELP	15
SCREEN 6: ABOUT BREADCRUMBS.....	16
SCREEN 7: SETTINGS.....	17
SCREEN 8: REGISTER SUMMARY.....	18
SCREEN 9: DASHBOARD	19
SCREEN 10: ASHA FORM - FAMILY FOLDER	20
SCREEN 11: ASHA FORM (NO FAMILY MEMBER IS ENROLLED EARLIER)	21
SCREEN 12: ASHA FORM (ANY FAMILY MEMBER IS ENROLLED EARLIER).....	23
SCREEN 13: FILL INDIVIDUAL DETAILS	24
SCREEN 14: CBAC (PART A: RISK ASSESSMENT)	25
SCREEN 14.1: CBAC (PART B: EARLY DETECTION).....	26
SCREEN 14.2: CBAC (PART C: OCCUPATIONAL EXPOSURE).....	27
SCREEN 15: SEARCH INDIVIDUAL.....	28
SCREEN 16: ENROLLMENT	29
SCREEN 17: IF YES, SEARCH INDIVIDUAL.....	30
SCREEN 18: ENROLL INDIVIDUAL	31
SCREEN 19: IF NO, THEN PROFILE PAGE.....	33
SCREEN 20: MAIN DISEASE PAGE (NCD).....	35
SCREEN 21: CBAC/HISTORY – RISK ASSESSMENT	36
SCREEN 22: CBAC/HISTORY – EARLY DETECTION.....	38
SCREEN 23: CBAC/HISTORY – MENSTRUAL HISTORY	41
SCREEN 24: CBAC/HISTORY – PERSONAL HISTORY	42
SCREEN 25: CBAC/HISTORY – PERSONAL EXAMINATION.....	44
SCREEN 26: HYPERTENSION.....	45

SCREEN 27: DIABETES SCREENING	47
SCREEN 28: ORAL SCREENING - SYMPTOMS	49
SCREEN 29: ORAL SCREENING – VISUAL EXAMINATION (OVE)	51
SCREEN 30: ORAL SCREENING – PHOTOGRAPH	53
SCREEN 31: ORAL SCREENING – REFERRAL	55
SCREEN 32: BREAST SCREENING - SYMPTOMS	56
SCREEN 33: BREAST SCREENING – EXAMINATION.....	58
SCREEN 34: BREAST SCREENING – REFERRAL	60
SCREEN 35: CERVICAL CANCER - SYMPTOMS.....	62
SCREEN 36: CERVICAL CANCER – EXAMINATION	64
SCREEN 37: CERVICAL CANCER - VIA	67
SCREEN 38: CERVICAL CANCER - REFER.....	69
SCREEN 39: WORKPLAN	72

Introduction

Introduction to the program:

Under the Ayushman Bharat programme announced by the Central Government in the 2018 budget, Health and Wellness Centres are envisioned as the mechanism for providing comprehensive primary healthcare including services for maternal child health, communicable and non-communicable diseases to the entire population.

Government of India, Ministry of Health and Family Welfare under the Ayushman Bharat Comprehensive Primary Healthcare (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program. The program aims to screen all men and women over 30 for non-communicable diseases including hypertension, diabetes, oral, breast and cervical cancers with referrals to secondary and tertiary level Government hospitals for diagnosis, treatment and management.

This is a referral based program where health workers screen all individuals over 30 at a population level for five non-communicable diseases. Anyone suspected or at-risk for any of the diseases is progressively referred to higher public facilities, diagnosed, treated and then managed for life at lower facilities.

The application is developed for the MoHFW, GoI by Dell in consultation with MoHFW (NCD, NHM, EGov and DGHS) and other technical experts of reputed GoI partner institutions such as the NHSRC, ICMR, AIIMS, WHO, NICPR, CHI, Tata Trusts and India Stack.

Introduction to the application for ANMs:

Currently under the National Programmed for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), it envisaged that the paper health records maintained by the Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) be digitalized for all the population based screening conducted for women and men aged 30 years and above in the community or in the health facility nearby for smoother and effective treatment and referral.

By using this application you will be creating every individual's electronic health record, similar to a paper file/ record. Every time the patient/individual visits the facility for screening or treatment the relevant data is entered and new information is added. This information can be viewed by the health officials for measuring the disease burden, update in program planning and evaluate the performance of health workers. Note, the individual's health information collected is highly confidential and the department aims at maintaining them securely and use it only for treatment and nothing else.

Role of ASHAs

ASHAs will play a crucial supportive role in undertaking the population enumeration of all those aged 30 years and above through home visits. She will register or list all eligible adults (women and men) fill in details specific to non-communicable diseases and it will be updated every 6 months. She will be given a specific register to record this information, such as:

1. Estimating population to be screened
2. Enumerating adults 30 years and above in routine household visits
3. Filling up family/household folder

Following this, she will also record information manually by:

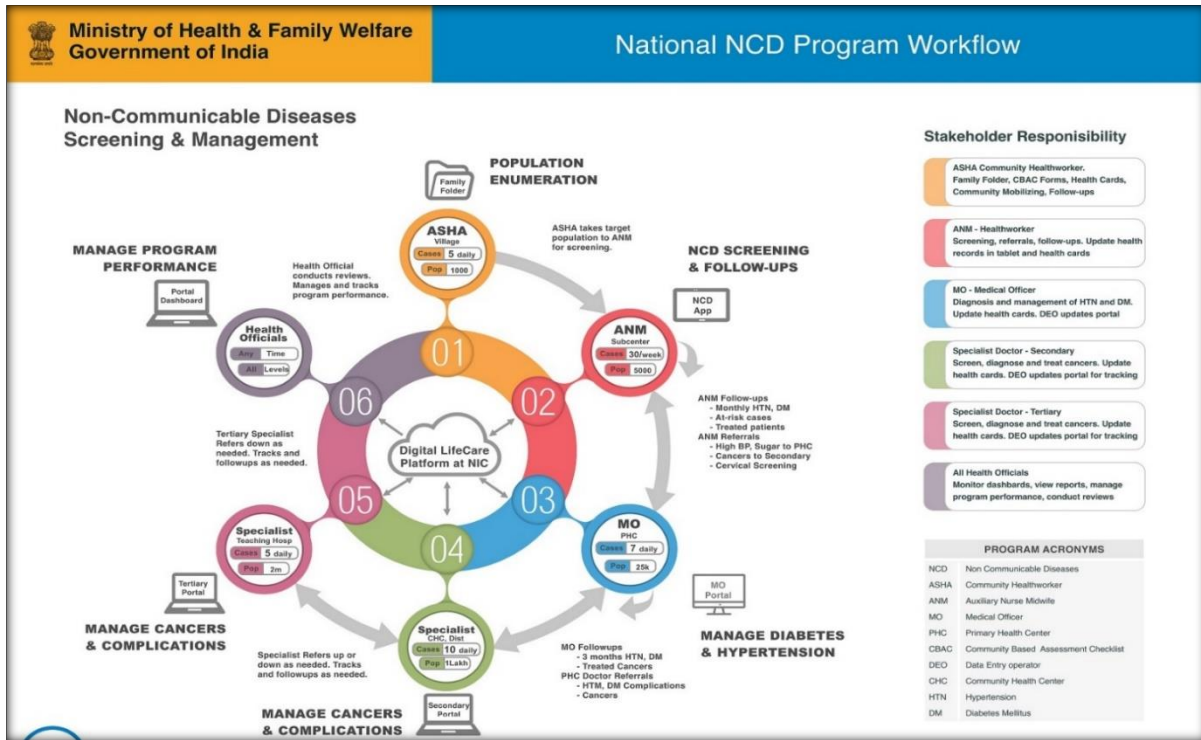
1. Completing community based assessment checklist
2. Creating individual health records
3. Maintaining family folder
4. Assessing risk and mobilizing priority screening individuals
5. Identifying population with risk or no risk factors

Role of ANM

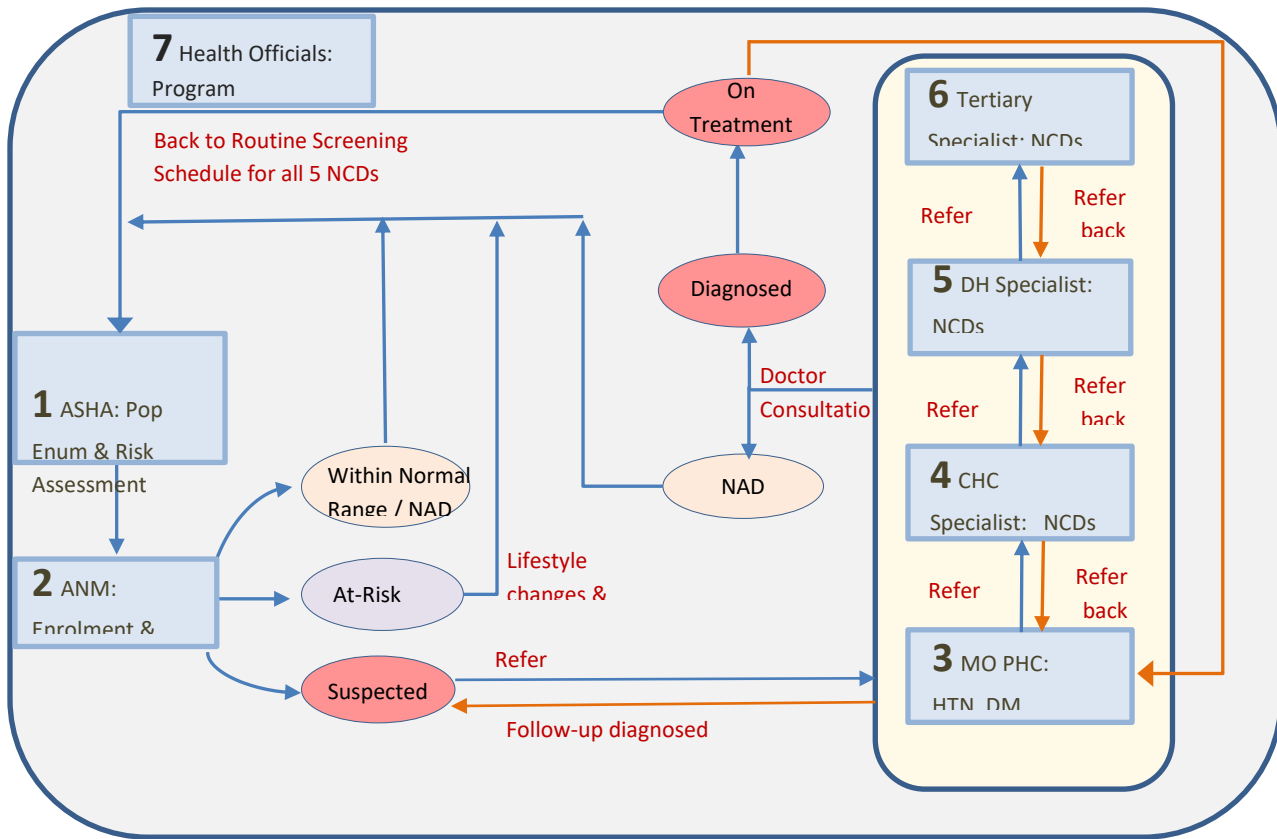
All the information collected by the ASHA must be entered by you later in the tablet. As this would enable proper follow up by the medical officer at the PHC level or at a higher level of facility.

Your task is also to support the ASHA through the field visits in completing the enumeration. Note, you will cross verify at least 10% population and also you will undertake enumeration in some areas where ASHA's position is vacant. You will also ensure all ASHAs complete the CBAC of all individuals 30 years and above and also make available with registration and CBAC forms, measuring tapes, and other tools that may be necessary for the ASHAs to conduct screening.

Screening and Management Flow:

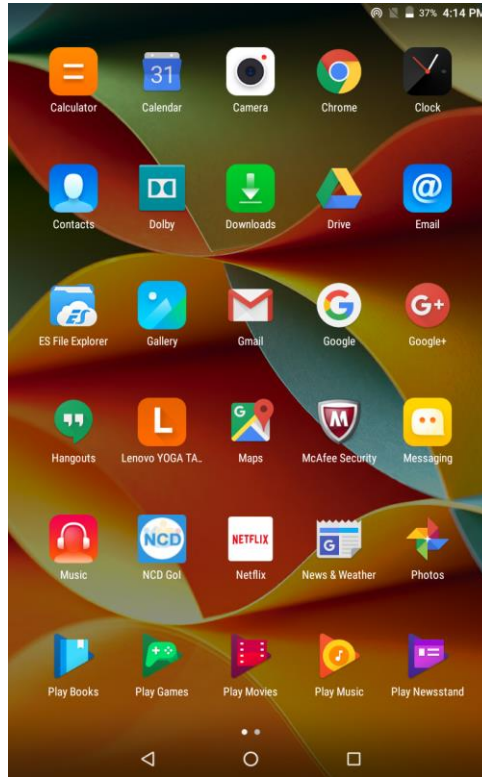


Steps to Follow:




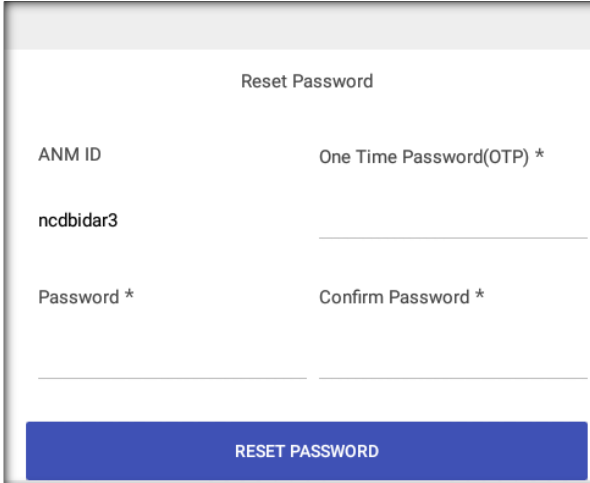
Screen 1: Tablet Home Page

1.



2. Description:

1. **App Version:1.00:** Note the version you are working on. Wherever there is an update, you will find a link to the next version and you can update by clicking on that link when there is internet connectivity.
2. **Choose Language from the dropdown:** This application is being built to work on many language. As of now, we have options of 10 languages.
3. **Name of State:** Choose the state you belong to.
4. **ANM ID:** Every ANM is given a unique ID by the state, which will remain constant.
5. **For First Time login Users:** You will enter the username and password. By Default the password will be the registered mobile number.
6. On successful authentication, ANM will be sent an OTP on her registered mobile number.
7. ANM has to enter the OTP along with the new password to be set.
8. On successful OTP validation & password update, ANM has to set a 4 digit authentication pin for 2nd level authentication. Once done, Sync will start to download the initial metadata.
9. **For Subsequent login:** ANM has to enter password followed by a 4 digit pin.
10. **If you reinstall the App or clear data:** ANM has to enter the username and the last used password.
11. **Security Code:** Every time you try to login, you will find some numbers struck out on the screen, you will need to enter them in the text box next to the number.
12. Now click the long blue rectangular “LOGIN”  button.
13. **To Reset password/ Reset pin:**



Reset Password

ANM ID One Time Password(OTP) *

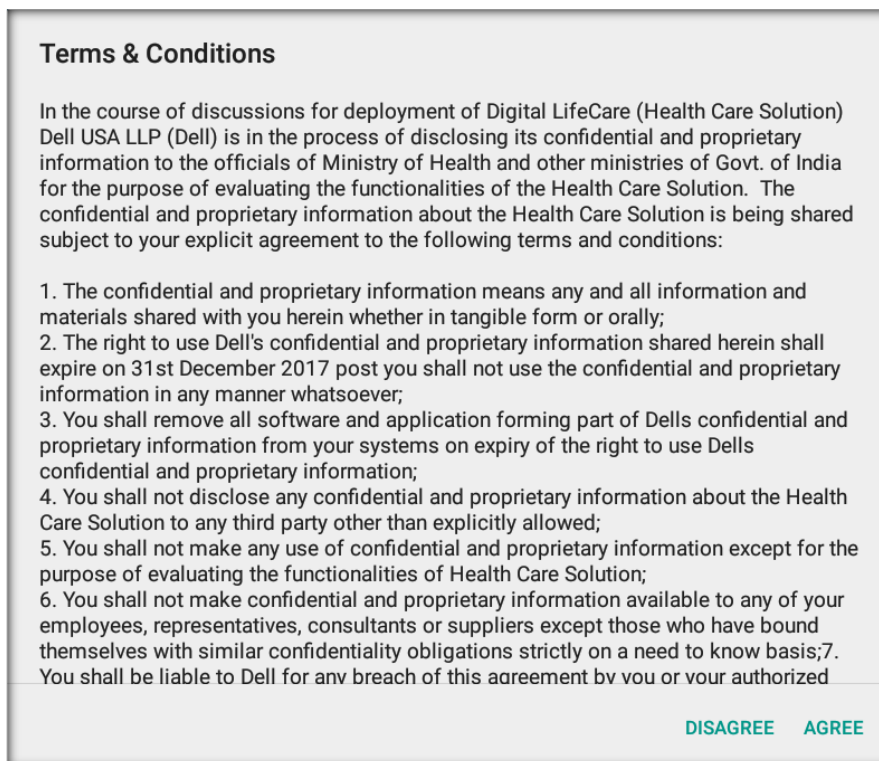
ncdbidar3 _____

Password * Confirm Password *

RESET PASSWORD

You will need to enter a 6 digit One Time Password (OTP) to confirm it is you. Once done, enter the new password in the **Password** field and re-enter the same in the **Confirm Password** field.

14. For 1st time login: The Terms and Conditions pop up will appear on the screen as shown in the screenshot below:



15. Click **Agree**.

16. Then click the **Reset Password/Reset Pin** button.

Note: If you are logging in for the first time, it will direct you to complete the sub-centre profile. But you will also have the option to make any changes to these details in the future.


Continued on next page

Screen 3: Sub Centre Profile

1.




NCDs Subcenter Profile ASHA FORMAT ? 3 ⋮

ANM Information

	ANM Name Bhagya laxmi	ANM ID 101-10077	Registered Phone	State Jammu & Kashmir
District Kupwara	Block MSM_taluk	PHC MSM_phc	Subcenter MSM_SC	

Total Population: 2000 Target Population: 740 No. of Screening Days: 37 #Household: 400

ADD VILLAGE

<u>Village One</u>	Population 500	Approval Status Pending	
<u>Village Two</u>	Population 800	Approval Status Pending	
<u>Other-Testvill</u>	Population 700	Approval Status Pending	

2 Description:

There will be a profile page for you (In the tablet) where you will be able to add/update master data for the sub-centre.

Here you will fill your ANM name and other information about the sub-centre population, village-level population and necessary ASHA details so that you can track the progress against the target which is calculated automatically of the screening at village level, and achievement against target at the sub-centre level so that the MO can track the progress.

Number of screening days required is also calculated automatically. This information is also needed to add SMS reminders for ASHA in the future. Since you are the best person to provide data for your sub-centre, we are creating screens for them to enter this info.

Note: This will go to the MO of your PHC for approval.


1. The fields **State, District, Block, PHC, Sub-centre , ANM ID, ANM Name, and ANM Registered Phone number** will be pre-populated.
2. Click the Village dropdown and select the appropriate village from the list of villages which pops up based on the sub-centre.
3. Then enter the ASHA name, population, ASHA ID, and ASHA mobile number.
Note: There may be more than one ASHAs for a village. In that case select **Add ASHA**.
4. Finally, the total population, target population, i.e men and women aged 30 years and above and the number of screening days will be auto calculated.

Note: There may be more than one ASHA in few villages. In such cases, add ASHA's by clicking the **+ASHA** field. and also add the village names by pressing the **+Village** field.

5. Update the profile and click **Save**.

Screen 4: Home Page after Login

1



Ayushman Bharat

Comprehensive Primary Health Care
Population based NCDs Prevention, Screening, Control and Management Initiative

App Version :1.0 English ▾

State Jammu & Kashmir ▾

ANM ID 10077 ?

Password

Enter Number 442000 442000

LOGIN **IMPORT**







Reset Password Reset Pin !

2 Description:

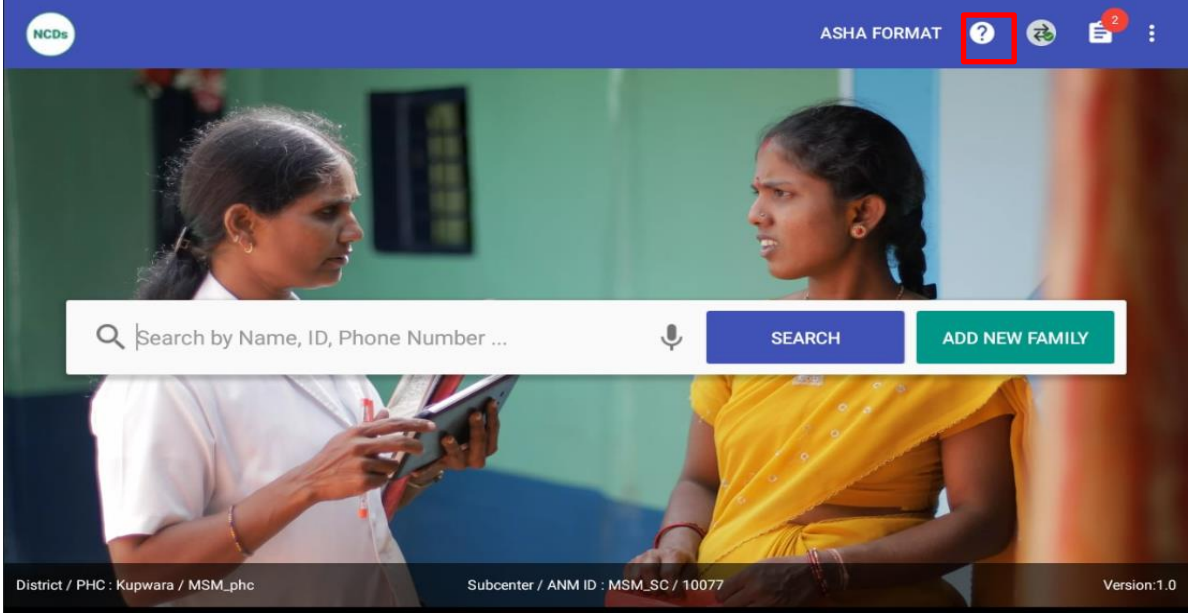

Once you login, you will find few logos and icons on the top bar and the search bar along with the option to enter new family details. This is the Home Page.

Top Bar:

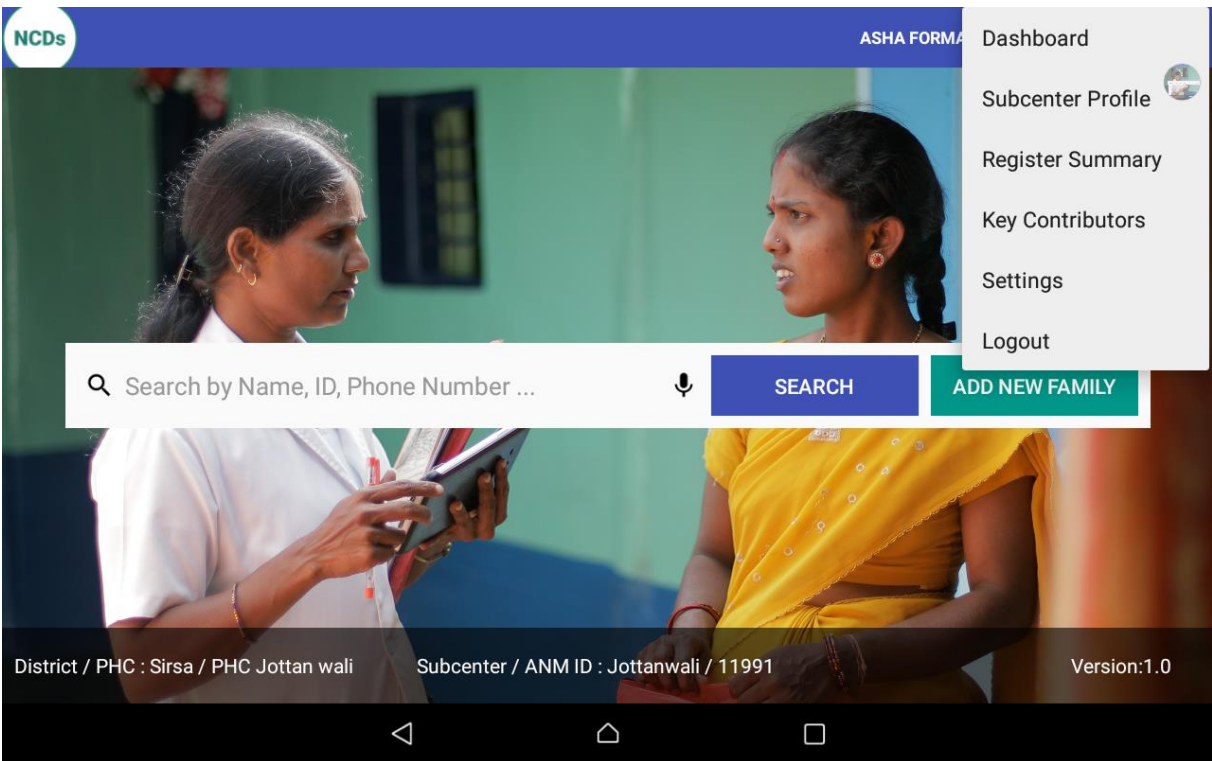



1. **NCDs Logo** : On the top left corner we can find the NCDs logo. On clicking it, it directs you to the home page.
2. **ASHA Format** : On choosing the ASHA format icon, you can digitize the ASHA format recorded by ASHA in the paper form. However you can also search the CBAC form of an individual.
3. **HELP** : To request for help on a particular screen, click the HELP icon. This provides support to:
 - a. **Application Help**: This provides information on how to use the application and fill the appropriate forms.
 - b. **Guidelines**: On selecting the guidelines for conducting any screening, you will be prompted to the NCD guidelines.
 - c. **Health Education**: This provides access to various health education materials.
4. **Sync Button** : Every time you enter new details and you have access to internet, it is important to click the Sync button and synchronize your data. Whatever information you have added is then updated in the server and is visible for the medical officer or other higher health officials to view. Any changes/ updates made in the application must be synced to save all the details. This information is then updated in the server.
5. **Workplan** : Workplan is a way for the ANM to know what action she needs to take. It is her organizer, her to-do list and can be sorted by different parameters.
6. **Menu (Three dots)** : On clicking the menu(3 dots), a dropdown with various options such as Dashboard, help, sub-center profile, Register Summary, key contributors, settings, languages and Logout options are displayed.

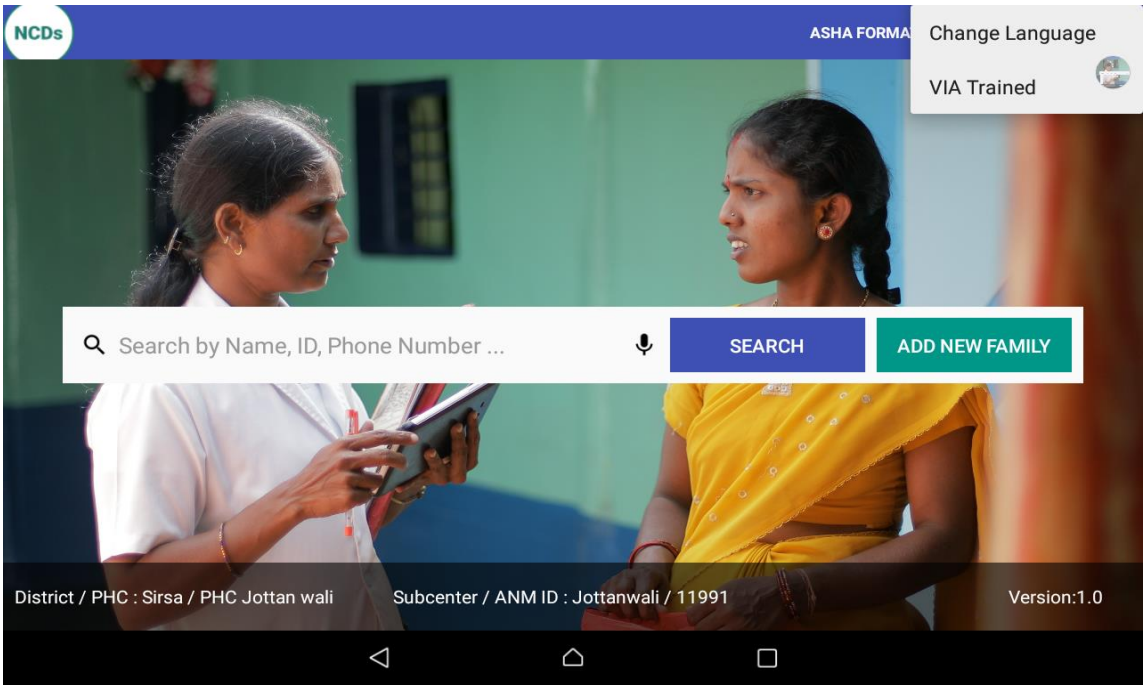
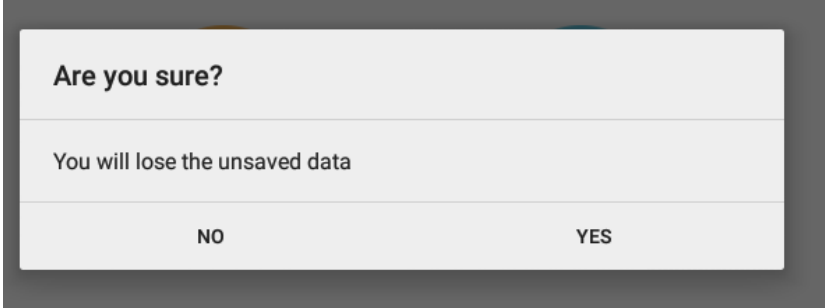
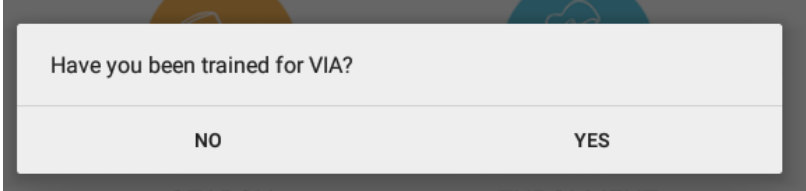
Screen 5: About Help

1	 <p>English Screen</p>
2	<p>Description:</p> <p>In the Home Page, once you click the HELP  icon, the following options are displayed:</p> <ul style="list-style-type: none">• Application Help: To obtain information on how to use the application and fill the appropriate forms.• Guidelines: To obtain the guidelines for conducting any screening.• Health Education: To obtain access to various health education materials.

Screen 6: About Breadcrumbs

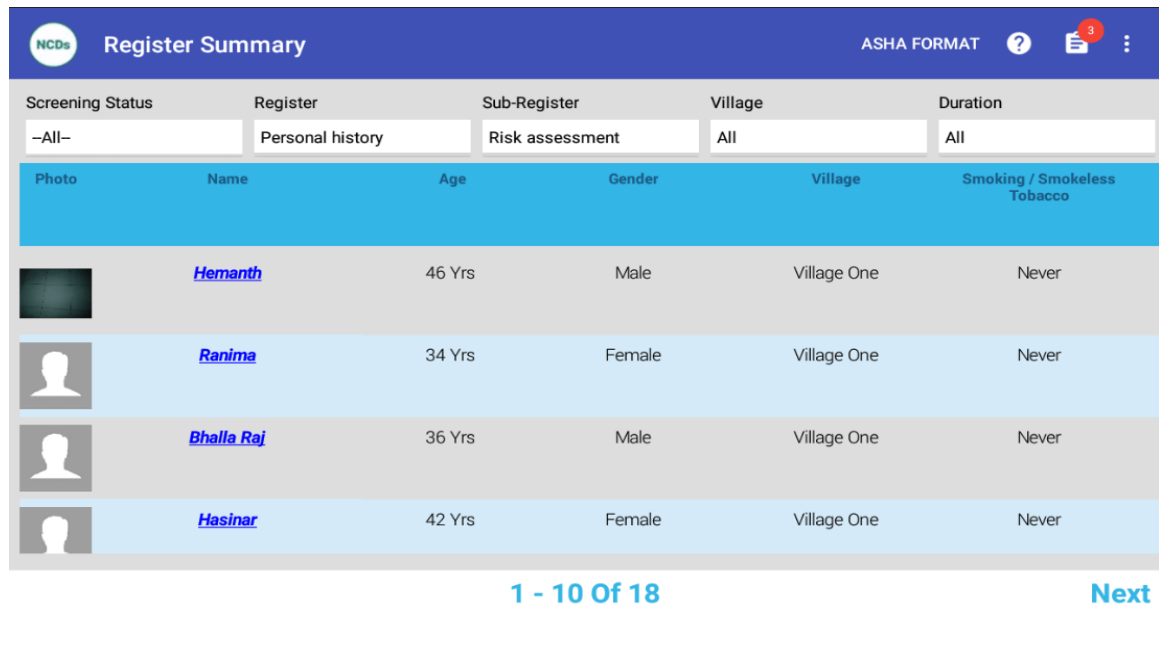
1	
2	<p>Description:</p> <p>In the Home Page, once you click the  icon, the following options are displayed:</p> <ul style="list-style-type: none">• Dashboard: To view the total counts of enrolled, fully screened, referred, and under treatment for a selected period of time.• Help: Treatment guidelines/IEC• Subcenter Profile: Refer to the subcenter profile section.• Register Summary: To view the list of individuals registered by the ANM.• Key Contributors: List of all organizations who have contributed to developing this app• Settings: Given below are the two options available under Settings:<ul style="list-style-type: none">➤ Change Language: To change the language➤ VIA Trained: An option to choose whether the individual is VIA trained or not.• Logout: To logout from the application.

Screen 7: Settings

1	
2	<p>Description:</p> <p>From the Home page, select the breadcrumbs in the top left corner. Here you can see the option named Settings as shown in the screenshot above.</p> <p>Once you click the Settings option, you can see two other option:</p> <ul style="list-style-type: none">o Change Languageo VIA Trained <p>When you select the Change Language option it the following pop up appears on the screen:</p>  <p>Click Yes.</p> <p>Next, click the VIA trained option. This gives a pop up which asks if you have been VIA trained.</p>  <p>Click Yes if you are VIA trained. Click No otherwise.</p>

Screen 8: Register Summary

1




Screening Status	Register	Sub-Register	Village	Duration	
-All-	Personal history	Risk assessment	All	All	
Photo	Name	Age	Gender	Village	Smoking / Smokeless Tobacco
	Hemanth	46 Yrs	Male	Village One	Never
	Ranima	34 Yrs	Female	Village One	Never
	Bhalla Raj	36 Yrs	Male	Village One	Never
	Hasinar	42 Yrs	Female	Village One	Never

1 - 10 Of 18 Next

2

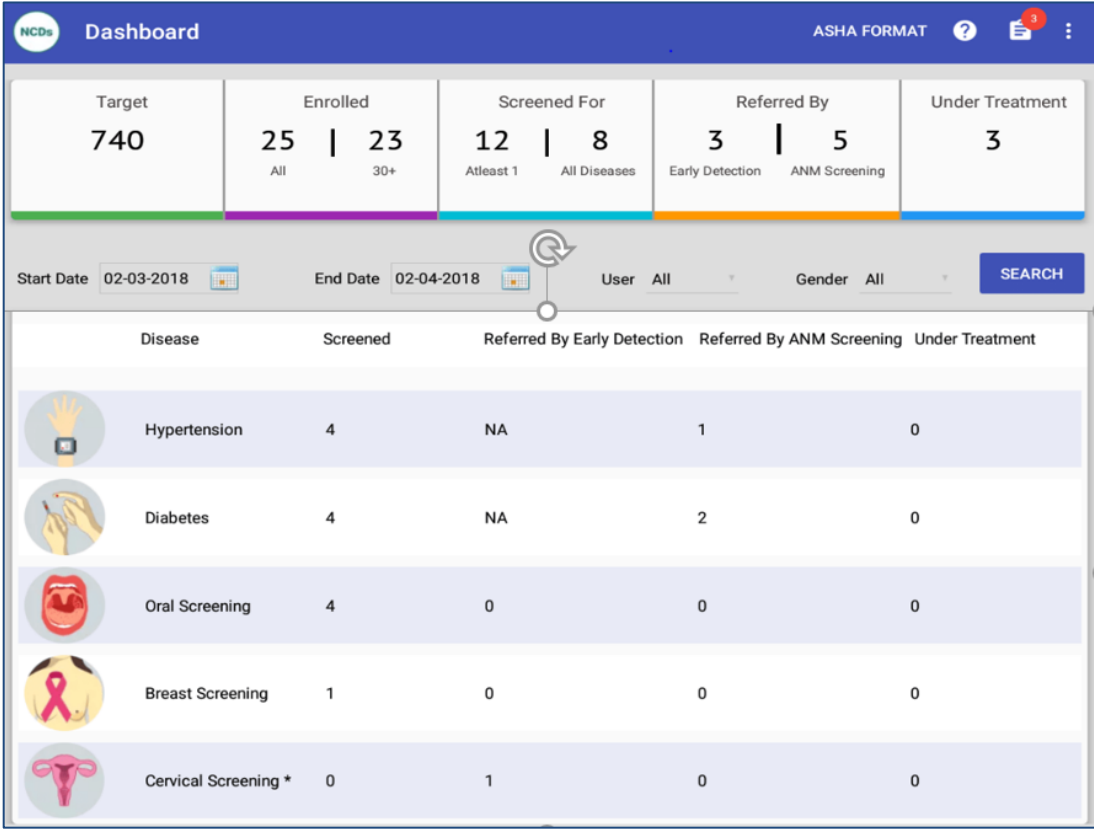
Description:

To navigate to this page, go to  icon and then select **Register Summary**.

From the Register Summary page, select the appropriate value from the **Screening Status, Register, Sub-Register, Village and Duration**.

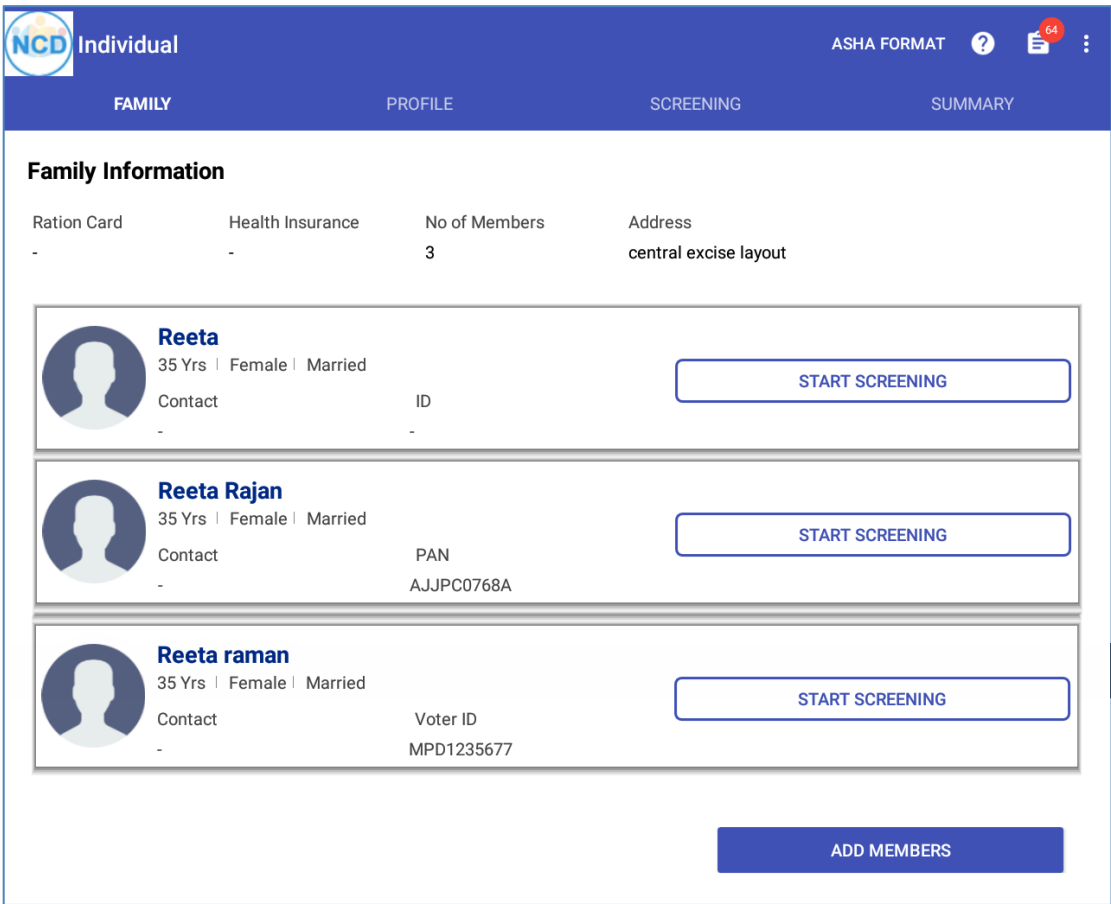
Here you can see a summary of individuals screened till now, without having to navigate to any particular disease screening section.

Screen 9: Dashboard

Step	Action																																								
1	 <p>The screenshot shows the NCDs Dashboard with the following data:</p> <table border="1"> <thead> <tr> <th>Target</th> <th>Enrolled</th> <th>Screened For</th> <th>Referred By</th> <th>Under Treatment</th> </tr> </thead> <tbody> <tr> <td>740</td> <td>25 23 All 30+</td> <td>12 8 Atleast 1 All Diseases</td> <td>3 5 Early Detection ANM Screening</td> <td>3</td> </tr> </tbody> </table> <p>Filters: Start Date: 02-03-2018, End Date: 02-04-2018, User: All, Gender: All. A search button is also visible.</p> <table border="1"> <thead> <tr> <th>Disease</th> <th>Screened</th> <th>Referred By Early Detection</th> <th>Referred By ANM Screening</th> <th>Under Treatment</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>4</td> <td>NA</td> <td>1</td> <td>0</td> </tr> <tr> <td>Diabetes</td> <td>4</td> <td>NA</td> <td>2</td> <td>0</td> </tr> <tr> <td>Oral Screening</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Screening</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Screening *</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Target	Enrolled	Screened For	Referred By	Under Treatment	740	25 23 All 30+	12 8 Atleast 1 All Diseases	3 5 Early Detection ANM Screening	3	Disease	Screened	Referred By Early Detection	Referred By ANM Screening	Under Treatment	Hypertension	4	NA	1	0	Diabetes	4	NA	2	0	Oral Screening	4	0	0	0	Breast Screening	1	0	0	0	Cervical Screening *	0	1	0	0
Target	Enrolled	Screened For	Referred By	Under Treatment																																					
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Breast Screening	1	0	0	0																																					
Cervical Screening *	0	1	0	0																																					
2	<p>Description:</p> <p>In the Dashboard page, you can see target, the count of individuals who are all enrolled and enrolled over 30 years of age, screened either for at least one disease and all disease, referred by the ASHA/ANM during early detection and by ANM after completing screening for disease, lastly, count of patients who are under treatment.</p> <ul style="list-style-type: none"> • First, you need to select the start date and end date . • Select if it you or for all ANMs in the SC • Select by gender (Male/ Female/ Other). • Enter Search. • Based on the your search you will observe, count for Screened, Referred by Early Detection, Referred by ANM screening and Under Treatment. 																																								

Screen 10: Asha Form - Family Folder

1



The screenshot displays the 'Individual' ASHA Format interface. At the top, there are tabs for 'FAMILY', 'PROFILE', 'SCREENING', and 'SUMMARY'. Below the tabs, the 'Family Information' section shows: Ration Card (-), Health Insurance (-), No of Members (3), and Address (central excise layout). Three family members are listed, each with a 'START SCREENING' button:

- Reeta**: 35 Yrs | Female | Married. Contact: -, ID: -. Button: START SCREENING
- Reeta Rajan**: 35 Yrs | Female | Married. Contact: -, PAN: AJJPC0768A. Button: START SCREENING
- Reeta raman**: 35 Yrs | Female | Married. Contact: -, Voter ID: MPD1235677. Button: START SCREENING

At the bottom right, there is an 'ADD MEMBERS' button.

2

Description:

In the home page, once you click the Asha Format icon **ASHA FORMAT** the popup as shown in the above screenshot is displayed.

- If the individual or his/her family member is already enrolled with ASHA, then select **YES**.
- Otherwise click **No**.

Continued on next page

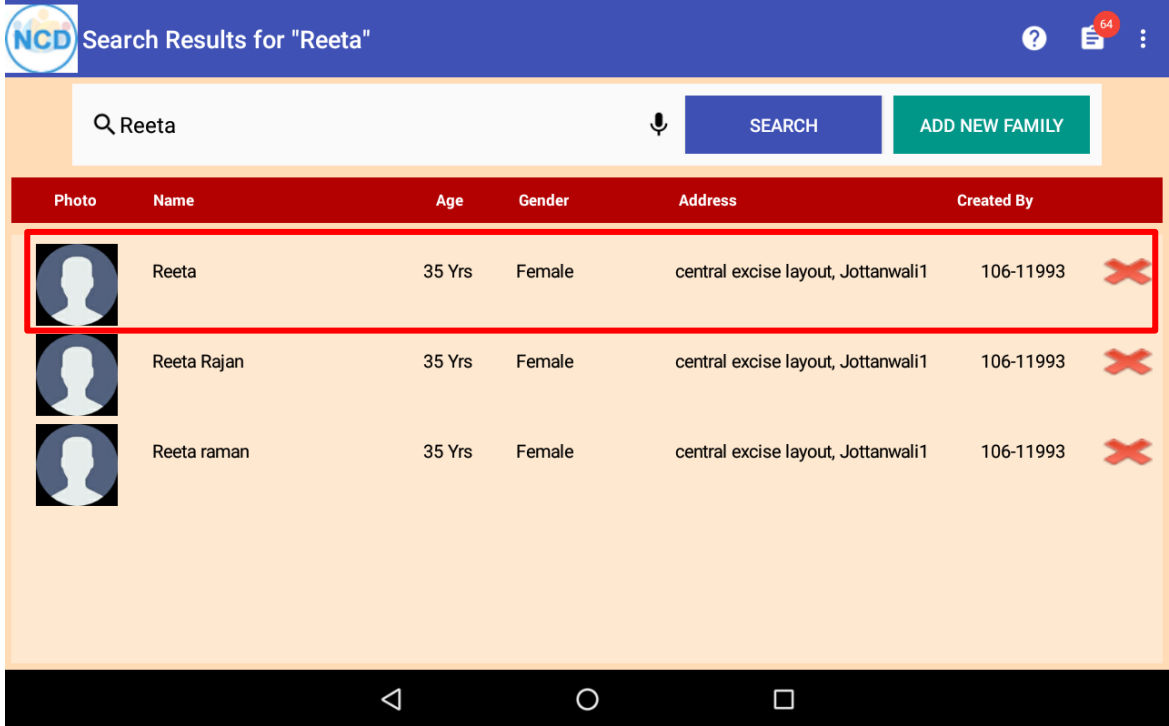









Screen 11: Asha Form (No Family Member is Enrolled Earlier)

Step	Action																																																				
1	<div style="border: 1px solid #ccc; padding: 10px;"> <div style="background-color: #4a7ebb; color: white; padding: 5px;"> NCD ASHA Format ? 54 ⋮ </div> <div style="padding: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Village Name*</td> <td style="width: 25%;">Jottanwali1</td> <td style="width: 25%;">Family Id</td> <td style="width: 25%;">Not Alloted</td> </tr> <tr> <td>ASHA Name</td> <td>nayana</td> <td>Hamlet Name</td> <td></td> </tr> <tr> <td>Sub centre Name</td> <td>Jottanwali</td> <td>PHC Name</td> <td>PHC Jottan wali</td> </tr> </table> <div style="background-color: #fff9c4; padding: 5px; margin-top: 10px;"> 1. Household details - </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">I. Number/ID</td> <td>Please specify</td> </tr> <tr> <td>II. Name of Head of the Household</td> <td>Please specify</td> </tr> <tr> <td>III. Details of household amenities -</td> <td>Please specify</td> </tr> <tr> <td>a) Type of house</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>b) Availability of toilet</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>c) Source of drinking water</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>d) Availability of electricity</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>e) Motorised vehicle</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>f) Type of Fuel used for cooking</td> <td>-Select- If Other, Specify</td> </tr> <tr> <td>g) Contact details*</td> <td>Mobile number</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px; background-color: #c00000; color: white;"> <thead> <tr> <th>S. No</th> <th>CBAC</th> <th>Individual Name</th> <th>Aadhaar ID(or Any id)</th> <th>Individual Health Id(issued by SHC/ANM)</th> <th>Sex</th> <th>Age</th> <th>Marital status</th> <th>Beneficiary of any Health Insurance Scheme</th> <th>Current Status of Residence</th> </tr> </thead> <tbody> <tr> <td colspan="10" style="height: 20px;"> </td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> FINISH ADD MEMBERS </div> </div> </div>	Village Name*	Jottanwali1	Family Id	Not Alloted	ASHA Name	nayana	Hamlet Name		Sub centre Name	Jottanwali	PHC Name	PHC Jottan wali	I. Number/ID	Please specify	II. Name of Head of the Household	Please specify	III. Details of household amenities -	Please specify	a) Type of house	-Select- If Other, Specify	b) Availability of toilet	-Select- If Other, Specify	c) Source of drinking water	-Select- If Other, Specify	d) Availability of electricity	-Select- If Other, Specify	e) Motorised vehicle	-Select- If Other, Specify	f) Type of Fuel used for cooking	-Select- If Other, Specify	g) Contact details*	Mobile number	S. No	CBAC	Individual Name	Aadhaar ID(or Any id)	Individual Health Id(issued by SHC/ANM)	Sex	Age	Marital status	Beneficiary of any Health Insurance Scheme	Current Status of Residence										
Village Name*	Jottanwali1	Family Id	Not Alloted																																																		
ASHA Name	nayana	Hamlet Name																																																			
Sub centre Name	Jottanwali	PHC Name	PHC Jottan wali																																																		
I. Number/ID	Please specify																																																				
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b) Availability of toilet	-Select- If Other, Specify																																																				
c) Source of drinking water	-Select- If Other, Specify																																																				
d) Availability of electricity	-Select- If Other, Specify																																																				
e) Motorised vehicle	-Select- If Other, Specify																																																				
f) Type of Fuel used for cooking	-Select- If Other, Specify																																																				
g) Contact details*	Mobile number																																																				
S. No	CBAC	Individual Name	Aadhaar ID(or Any id)	Individual Health Id(issued by SHC/ANM)	Sex	Age	Marital status	Beneficiary of any Health Insurance Scheme	Current Status of Residence																																												

Step	Action
2	<p data-bbox="334 193 505 226">Description:</p> <p data-bbox="334 260 1446 338">Once you select NO in the previous screen, you will be redirected to the ASHA Form page as shown in the above screenshot.</p> <ul data-bbox="383 373 1430 953" style="list-style-type: none"><li data-bbox="383 373 1430 451">• Here you need to first enter the ASHA Name, Village Name, Subcenter Name, Hamlet name and, PHC Name.<li data-bbox="383 464 1430 953">• In the Part A- Family Folder section, fill in the details for:<ul data-bbox="480 506 971 953" style="list-style-type: none"><li data-bbox="480 506 781 539">○ Household details<li data-bbox="480 548 683 581">○ Number/ID<li data-bbox="480 590 971 623">○ Name of head of the household<li data-bbox="480 632 959 665">○ Details of household amenities<li data-bbox="480 674 732 707">○ Type of house<li data-bbox="480 716 792 749">○ Availability of toilet<li data-bbox="480 758 873 791">○ Source of drinking water<li data-bbox="480 800 857 833">○ Availability of electricity<li data-bbox="480 842 776 875">○ Motorized vehicle<li data-bbox="480 884 938 917">○ Type of fuel used for cooking<li data-bbox="480 926 740 953">○ Contact details <p data-bbox="334 989 1507 1066">Once all the above details are filled, click the ADD MEMBERS button in the bottom right corner.</p>

Continued on next page

Screen 12: Asha Form (Any Family Member is Enrolled Earlier)

Step	Action																								
1.	<p>Screen:</p>  <table border="1" data-bbox="332 548 1487 1031"> <thead> <tr> <th>Photo</th> <th>Name</th> <th>Age</th> <th>Gender</th> <th>Address</th> <th>Created By</th> </tr> </thead> <tbody> <tr> <td></td> <td>Reeta</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> <tr> <td></td> <td>Reeta Rajan</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> <tr> <td></td> <td>Reeta raman</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> </tbody> </table>	Photo	Name	Age	Gender	Address	Created By		Reeta	35 Yrs	Female	central excise layout, Jottanwali1	106-11993		Reeta Rajan	35 Yrs	Female	central excise layout, Jottanwali1	106-11993		Reeta raman	35 Yrs	Female	central excise layout, Jottanwali1	106-11993
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2.	<p>Description:</p> <p>Once you select YES in the previous screen, you will be redirected to the Search Individual page as shown in the above screenshot.</p> <ul style="list-style-type: none"> • In the ID Number field enter the ID which could either be your Aadhar, Voter, Pan Card, Driving License, or Ration Card numbers. • In the Name field enter the name of the individual and click the search button. • You could also search for individuals by selecting the appropriate village from the Village dropdown list and click the search button • Once the search completes you can select a list of names. Select the right individual from the list. • This will redirect you to ASHA Form page of the enrolled family • There click on ADD MEMBERS button and continue from Screen 10 as explained below 																								

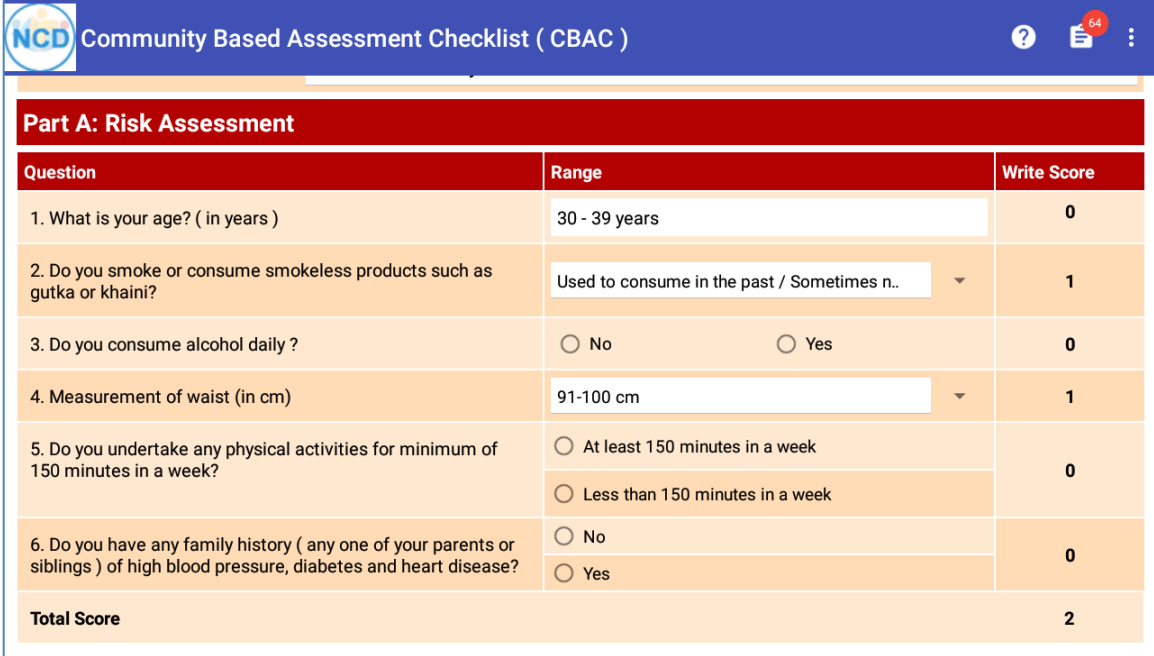
Continued on next page

Screen 13: Fill Individual Details

Step	Action																								
1.	<div data-bbox="337 306 1487 961"><h3>Fill Individual Details</h3><table><tr><td>Name*</td><td>Select ID Type</td><td>Aadhaar ID(or any ID)</td></tr><tr><td>Suresh</td><td>Aadhaar ID</td><td>5236</td></tr><tr><td>Date of Birth*</td><td>Age*</td><td>Sex*</td></tr><tr><td>DD-MM-YYYY</td><td>32</td><td>Male</td></tr><tr><td>Beneficiary of any Health Insurance Scheme</td><td>Details of the scheme</td><td>Marital Status*</td></tr><tr><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td><td>Government</td><td>Married</td></tr><tr><td>Individual Health ID</td><td>Current Status of Residence</td><td></td></tr><tr><td>Bhy1234</td><td>Staying at the house currently</td><td></td></tr></table><p><input type="button" value="CANCEL"/> <input type="button" value="SAVE & CONTINUE"/></p></div>	Name*	Select ID Type	Aadhaar ID(or any ID)	Suresh	Aadhaar ID	5236	Date of Birth*	Age*	Sex*	DD-MM-YYYY	32	Male	Beneficiary of any Health Insurance Scheme	Details of the scheme	Marital Status*	<input checked="" type="radio"/> Yes <input type="radio"/> No	Government	Married	Individual Health ID	Current Status of Residence		Bhy1234	Staying at the house currently	
Name*	Select ID Type	Aadhaar ID(or any ID)																							
Suresh	Aadhaar ID	5236																							
Date of Birth*	Age*	Sex*																							
DD-MM-YYYY	32	Male																							
Beneficiary of any Health Insurance Scheme	Details of the scheme	Marital Status*																							
<input checked="" type="radio"/> Yes <input type="radio"/> No	Government	Married																							
Individual Health ID	Current Status of Residence																								
Bhy1234	Staying at the house currently																								
2.	<p>Description:</p> <p>After clicking the ADD MEMBERS button, you will come to Fill Individual Details screen as shown in the above screenshot.</p> <ul style="list-style-type: none">Here you need to fill in all the individual details necessary and click on the SAVE and CONTINUE button at the bottom of the screen.																								

Continued on next page

Screen 14: CBAC (Part A: Risk Assessment)

Step	Action																								
1.	 <p>Part A: Risk Assessment</p> <table border="1"> <thead> <tr> <th>Question</th> <th>Range</th> <th>Write Score</th> </tr> </thead> <tbody> <tr> <td>1. What is your age? (in years)</td> <td>30 - 39 years</td> <td>0</td> </tr> <tr> <td>2. Do you smoke or consume smokeless products such as gutka or khaini?</td> <td>Used to consume in the past / Sometimes n..</td> <td>1</td> </tr> <tr> <td>3. Do you consume alcohol daily ?</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>0</td> </tr> <tr> <td>4. Measurement of waist (in cm)</td> <td>91-100 cm</td> <td>1</td> </tr> <tr> <td>5. Do you undertake any physical activities for minimum of 150 minutes in a week?</td> <td><input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week</td> <td>0</td> </tr> <tr> <td>6. Do you have any family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>0</td> </tr> <tr> <td>Total Score</td> <td></td> <td>2</td> </tr> </tbody> </table>	Question	Range	Write Score	1. What is your age? (in years)	30 - 39 years	0	2. Do you smoke or consume smokeless products such as gutka or khaini?	Used to consume in the past / Sometimes n..	1	3. Do you consume alcohol daily ?	<input type="radio"/> No <input type="radio"/> Yes	0	4. Measurement of waist (in cm)	91-100 cm	1	5. Do you undertake any physical activities for minimum of 150 minutes in a week?	<input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week	0	6. Do you have any family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	<input type="radio"/> No <input type="radio"/> Yes	0	Total Score		2
Question	Range	Write Score																							
1. What is your age? (in years)	30 - 39 years	0																							
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3. Do you consume alcohol daily ?	<input type="radio"/> No <input type="radio"/> Yes	0																							
4. Measurement of waist (in cm)	91-100 cm	1																							
5. Do you undertake any physical activities for minimum of 150 minutes in a week?	<input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week	0																							
6. Do you have any family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	<input type="radio"/> No <input type="radio"/> Yes	0																							
Total Score		2																							
2.	<p>Description:</p> <p>After saving the filled individual details you will come to the Community Based Assessment Checklist (CBAC) filled by ASHA form. Here you need to fill in the details based on the Paper forms collected by the ASHA.</p>																								

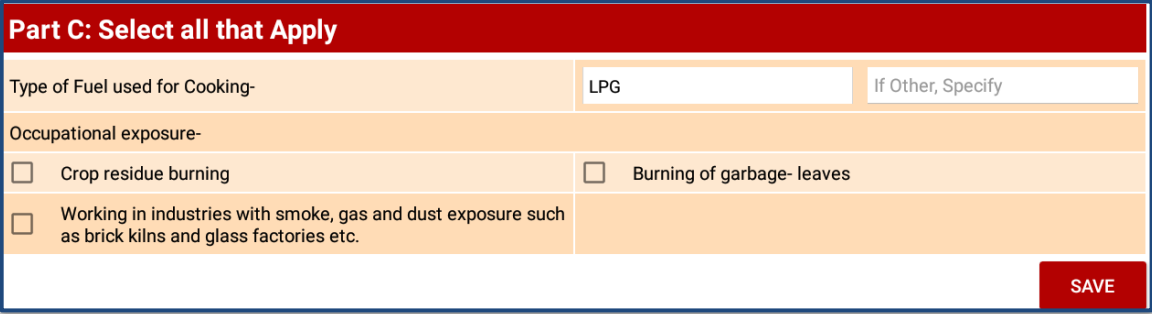

Continued on next page

Screen 14.1: CBAC (Part B: Early Detection)

Step	Action																																																																				
1.	<div data-bbox="358 317 1495 1335" style="border: 1px solid #ccc; padding: 10px;"> <div style="background-color: #4a7ebb; color: white; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Community Based Assessment Checklist (CBAC) ? E ⋮ </div> <p style="font-size: 12px; margin-top: 5px;">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.</p> <div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold; margin-top: 10px;">Part B: Early Detection: Ask if Patient has any of these symptoms</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 45%; text-align: left; font-weight: normal;">B1: Women and Men</th> <th style="width: 10%; text-align: center; font-weight: normal;">Yes/No</th> <th style="width: 45%; text-align: left; font-weight: normal;">B2: Women only</th> <th style="width: 10%; text-align: center; font-weight: normal;">Yes/No</th> </tr> </thead> <tbody> <tr> <td>Shortness of Breath</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Lump in the Breast</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Coughing more than 2 weeks</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Blood Stained Discharge from the Nipple</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Blood in Sputum</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Change in Shape and Size of Breast</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Fever > 2 Weeks</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Bleeding between periods</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Loss of Weight</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Bleeding after Menopause</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Night Sweats</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Bleeding after Intercourse</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Are You Currently Taking Anti-TB Drugs</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td>Foul Smelling Vaginal Discharge</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Anyone in Family Currently Suffering from TB</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>History of TB</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Difficulty in Opening Mouth</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Ulcers/ Patch/ Growth in the Mouth that has not Healed in Two Weeks</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Any changes in the tone of your voice</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Any Patch or Discoloration on Skin</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Difficulty in Holding Objects with Fingers</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>Loss of Sensation for Cold/Hot Objects in Palm or Sole</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> <tr> <td>History of Fits</td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: 10px; margin-top: 10px;">In case the individual answers Yes to any one of the above mentioned symptoms, refer the patient immediately to the nearest facility where a medical officer is available.</p> </div>	B1: Women and Men	Yes/No	B2: Women only	Yes/No	Shortness of Breath	<input type="radio"/> Yes <input type="radio"/> No	Lump in the Breast	<input type="radio"/> Yes <input type="radio"/> No	Coughing more than 2 weeks	<input type="radio"/> Yes <input type="radio"/> No	Blood Stained Discharge from the Nipple	<input type="radio"/> Yes <input type="radio"/> No	Blood in Sputum	<input type="radio"/> Yes <input type="radio"/> No	Change in Shape and Size of Breast	<input type="radio"/> Yes <input type="radio"/> No	Fever > 2 Weeks	<input type="radio"/> Yes <input type="radio"/> No	Bleeding between periods	<input type="radio"/> Yes <input type="radio"/> No	Loss of Weight	<input type="radio"/> Yes <input type="radio"/> No	Bleeding after Menopause	<input type="radio"/> Yes <input type="radio"/> No	Night Sweats	<input type="radio"/> Yes <input type="radio"/> No	Bleeding after Intercourse	<input type="radio"/> Yes <input type="radio"/> No	Are You Currently Taking Anti-TB Drugs	<input type="radio"/> Yes <input type="radio"/> No	Foul Smelling Vaginal Discharge	<input type="radio"/> Yes <input type="radio"/> No	Anyone in Family Currently Suffering from TB	<input type="radio"/> Yes <input type="radio"/> No			History of TB	<input type="radio"/> Yes <input type="radio"/> No			Difficulty in Opening Mouth	<input type="radio"/> Yes <input type="radio"/> No			Ulcers/ Patch/ Growth in the Mouth that has not Healed in Two Weeks	<input type="radio"/> Yes <input type="radio"/> No			Any changes in the tone of your voice	<input type="radio"/> Yes <input type="radio"/> No			Any Patch or Discoloration on Skin	<input type="radio"/> Yes <input type="radio"/> No			Difficulty in Holding Objects with Fingers	<input type="radio"/> Yes <input type="radio"/> No			Loss of Sensation for Cold/Hot Objects in Palm or Sole	<input type="radio"/> Yes <input type="radio"/> No			History of Fits	<input type="radio"/> Yes <input type="radio"/> No		
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History of Fits	<input type="radio"/> Yes <input type="radio"/> No																																																																				
2	<p>Description:</p> <p>Once you fill the Part A of the CBAC form scroll down to Part B to fill in the Early Detection details. Refer to the ASHA Paper form and select YES or NO appropriately for each of the options.</p> <ul style="list-style-type: none"> Here note that there are two columns to be filled. One is for both 'Women and Men' and the other one for 'Women only'. The Women Only section will be editable only if the individuals are Women and Other. Otherwise this section will be disabled. 																																																																				

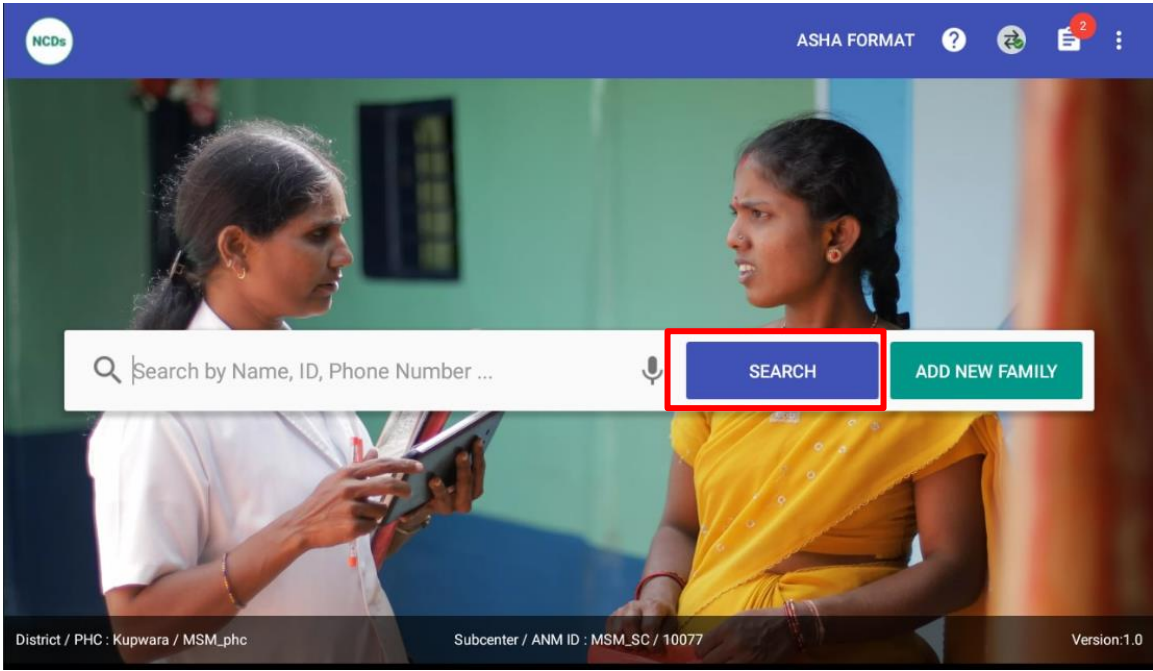

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Screen 14.2: CBAC (Part C: Occupational Exposure)

Step	Action
1	
2	<p>Description:</p> <p>After filling the Part B section scroll down to 'Part C: Select all that Apply' section.</p> <ul style="list-style-type: none"> • The Type of Fuel used for Cooking field entry will be prepopulated from the ASHA format. • Here you need to select all the options that apply to the individual. Once done click on the red SAVE button . <p>On clicking the SAVE button:</p> <ol style="list-style-type: none"> 1. If any of the symptoms selected as YES in Part B section , Referral POP up will be displayed for Oral/Breast/Cervical cancers. You can refer the individual for the higher facility immediately for further diagnosis. 2. Will be navigated to ASHA form and Click on Finish in the ASHA FORM , POP up will show up. Are you sure? Go to Home Screen ? Click on YES will be redirected to Home Page.

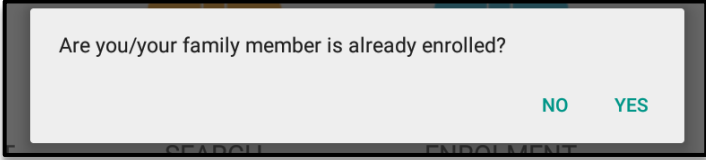
Continued on next page

Screen 15: Search Individual

Step	Action
1.	
2.	<p data-bbox="334 1016 521 1052">Description:</p> <p data-bbox="334 1098 1442 1178">Once you are done click the NCD icon  in the top left corner to return to the Home page.</p> <ul data-bbox="383 1213 1498 1713" style="list-style-type: none"><li data-bbox="383 1213 1484 1249">• In the home page click the second option 'Search' in blue as shown above.<li data-bbox="383 1255 1498 1713">• You will come to Search Individual page as shown in the above screen shot<ul data-bbox="480 1297 1498 1713" style="list-style-type: none"><li data-bbox="480 1297 1479 1377">○ In the ID Number field enter the ID which could either be your Aadhar, Voter, Pan Card, Driving License, or Ration Card numbers.<li data-bbox="480 1383 1406 1463">○ In the Name field enter the name of the individual and click the search button in the right most corner<li data-bbox="480 1470 1468 1587">○ You could also search for individuals by selecting the appropriate village from the Village dropdown list and click the search button in the right most corner<li data-bbox="480 1593 1498 1673">○ Once the search completes you can select a list of names. Select the right individual from the list.<li data-bbox="480 1680 1040 1713">○ This will redirect you to Profile Page.

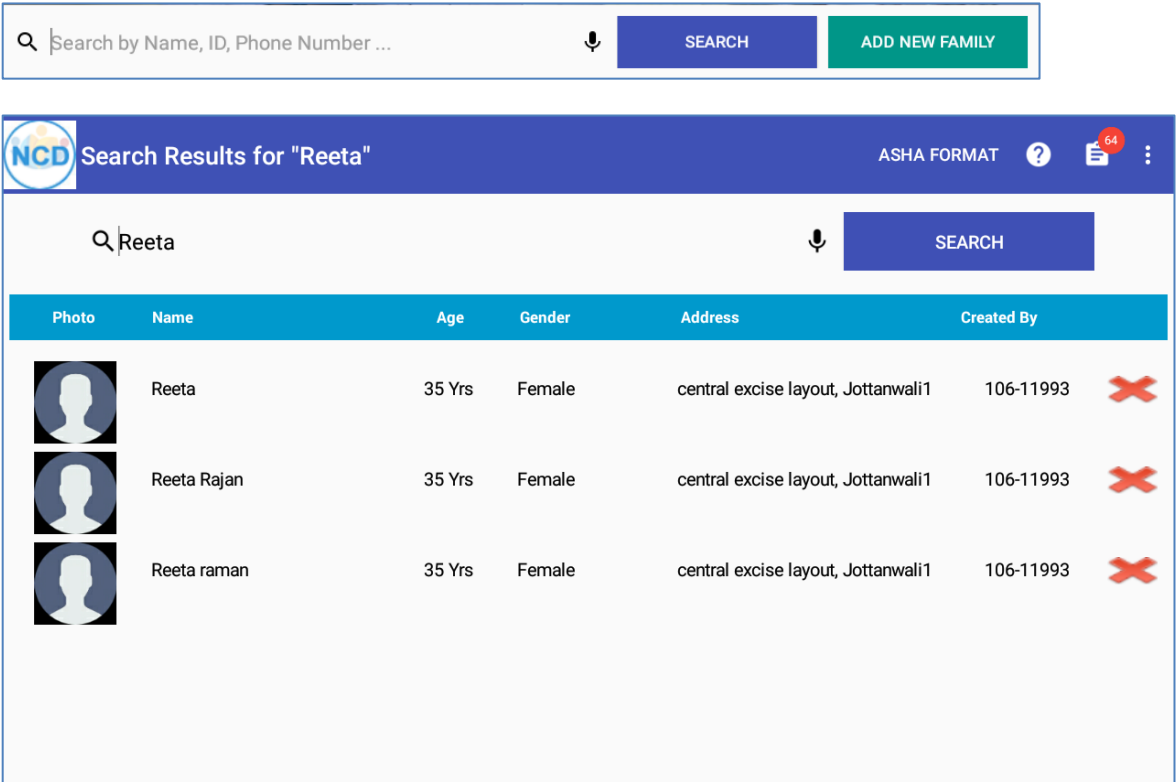









Continued on next page

Screen 16: Enrollment

Step	Action
1	 <p>English Screen</p>
2	<p>Description (English):</p> <p>By clicking Enrollment on the Home page, a pop up will appear asking if the individual or any of his/her family members are already enrolled.</p> <p>Click YES if the individual or his/her family members are already enrolled.</p> <p>Otherwise click NO.</p>

Continued on next page

Screen 17: If Yes, Search Individual

Step	Action																								
1	<p>Screen:</p>  <p>Search Results for "Reeta"</p> <table border="1"> <thead> <tr> <th>Photo</th> <th>Name</th> <th>Age</th> <th>Gender</th> <th>Address</th> <th>Created By</th> </tr> </thead> <tbody> <tr> <td></td> <td>Reeta</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> <tr> <td></td> <td>Reeta Rajan</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> <tr> <td></td> <td>Reeta raman</td> <td>35 Yrs</td> <td>Female</td> <td>central excise layout, Jottanwali1</td> <td>106-11993</td> </tr> </tbody> </table>	Photo	Name	Age	Gender	Address	Created By		Reeta	35 Yrs	Female	central excise layout, Jottanwali1	106-11993		Reeta Rajan	35 Yrs	Female	central excise layout, Jottanwali1	106-11993		Reeta raman	35 Yrs	Female	central excise layout, Jottanwali1	106-11993
Photo	Name	Age	Gender	Address	Created By																				
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	Reeta raman	35 Yrs	Female	central excise layout, Jottanwali1	106-11993																				
2	<p>Description (English):</p> <p>Once you select Yes, you will be navigated to the screen shown above.</p> <ul style="list-style-type: none"> • In the ID Number field enter the ID which could either be your Aadhar, Voter, Pan Card, Driving License, or Ration Card numbers. • In the Name field enter the name of the individual and click the search button • You could also search for individuals by selecting the appropriate village from the Village dropdown list and click the search button. • Once the search completes you can see a list of names. Select the right individual from the list. • This will redirect you to the Profile page for the individual. 																								

Screen 18: Enroll Individual


1.

NCD Individual ASHA FORMAT ? 64 ⋮















FAMILY **PROFILE** **SCREENING** **SUMMARY**

Family Information




Individual Information



Add Photo

 Name * Reeta	 Surname	
 Gender * Female	 Marital Status * Married	
 Date of Birth * DD-MM-YYYY	 Age 35	
 Education -Select-	 Mobile Number	 Mobile Owner -Select-
 Current Status of Residence Migrated temporarily for..	 Beneficiary of any Health Insurance Scheme <input type="radio"/> Yes <input checked="" type="radio"/> No	 Details of the Scheme(if any) -Select-
 Religion -Select-	If other, specify	
 Caste -Select-	If other, specify	

ID Information

 Aadhaar ID XXXXXXXX2856		 Voter ID
----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------


ADD ID **SAVE**

2.

Description:

Action Steps for Enroll Individual Page


Note: It is mandatory to complete all the fields with * next to that field otherwise the enrollment will not be successful.

1. In the Head of the Family field, under the Family Folder section enter the name of the head of the family.
2. Under the **Individual Information** section:
 1. Enter name, atleast one ID shown by the individual - **Aadhar, PAN, Voter ID, Driving License** or **Ration Card** and also select the personal ID type (Type of the ID of which the ID number was given) from the dropdown.
 2. The **Gender** field is a dropdown with three options- **Male, Female** and **Other**. Select any one option.
 3. If the individual knows his/her date of birth click on the **Date of Birth** field, a calendar window will pop up to enter the Date of Birth. Choose the appropriate date and click OK.
 4. If the individual knows his/her age, then click on the **Age** box and enter the age as mentioned by the individual.
 5. Select the **Marital Status** of the Individual from the dropdown.
 6. Then fill in the name of the Individual's father/spouse, select the individual's education from the dropdown, fill in the mobile number and select the owner of the mobile from the dropdown.
 7. Select the status of the individual's residence from the **Current status of residence** dropdown.
 8. Then ask the individual if he/she is a beneficiary of any health insurance scheme. If the individual is a beneficiary, then click the Yes button. Otherwise, click the No button. If you select Yes, then select the details of the scheme from the dropdown.
9. Once completed, click SAVE .
10. If you have successfully saved, you will get a pop up message **Enrollment saved successfully.**

Continued on next page

Screen 19: If No, then Profile page


1

ASHA FORMAT ? 64

FAMILY PROFILE SCREENING SUMMARY


Family Information

Ration Card	Health Insurance	No of Members	Address
-	-	3	central excise layout




Reeta
35 Yrs | Female | Married
Contact ID
-

[START SCREENING](#)



Reeta Rajan
35 Yrs | Female | Married
Contact PAN
- AJJPC0768A

[START SCREENING](#)



Reeta raman
35 Yrs | Female | Married
Contact Voter ID
- MPD1235677

[START SCREENING](#)

[ADD MEMBERS](#)

2

Description:

Action Steps for Enroll Individual Page

Note: It is mandatory to complete all the fields with * next to that field otherwise the enrollment will not be successful.

1. Under the **Family Folder** section:

1. In the Head of the Family field, enter the name of the head of the family.
2. Enter the family household details such as:
 - Name of the **Head of the family**
 - Select the **Type of house** from the dropdown. If you select the **Other** option from the dropdown, then enter the appropriate value in the **If Other, Specify** field
 - Similarly, select the **Availability of Toilet, Source of Drinking Water, Availability of Electricity, Motorised Vehicle,** and the **Type of Fuel Used for Cooking** from the dropdown. If you select the **Other** option from the dropdown, then enter the appropriate value in the **If Other, Specify** field.
3. Enter the phone number of the person to be contacted in the **Contact Details** field.
4. Based on the individual's annual income, select if the individual is APL or BPL.
5. Enter the address of the individual in the **Address Information** field. Also enter the landmark near the individual's address in the **Landmark** field.
6. Select the appropriate village of the individual from the **Village** dropdown. If you select the **Other** option from the dropdown, then enter the appropriate value in the **If Other, Specify** field.
7. Select the annual household income range of the individual from the **Annual Household Income** dropdown and then select the individual's ownership status of the home from the **House Ownership Status** dropdown.

2. Under the **Individual Information** section:

1. Enter name, atleast one ID shown by the individual - **Aadhar, PAN, Voter ID, Driving License** or **Ration Card** and also select the personal ID type (Type of the ID of which the ID number was given) from the dropdown.
2. The **Gender** field is a dropdown with three options- **Male, Female** and **Other**. Select any one option.
3. If the individual knows his/her date of birth click on the **Date of Birth** field, a calendar window will pop up to enter the Date of Birth. Choose the appropriate date and click OK.
4. If the individual knows his/her age, then click on the **Age** box and enter the age as mentioned by the individual.
5. Select the **Marital Status** of the Individual from the dropdown.
6. Then fill in the name of the Individual's father/spouse, select the individual's education from the dropdown, fill in the mobile number and select the owner of the mobile from the dropdown.
7. Select the status of the individual's residence from the **Current status of residence** dropdown.
8. Then ask the individual if he/she is a beneficiary of any health insurance scheme. If the individual is a beneficiary, then click the Yes button. Otherwise, click the No button. If you select Yes, then select the details of the scheme from the dropdown.

3. Once completed, click SAVE .

4. If you have successfully saved, you will get a pop up message **Enrollment saved successfully.**

Screen 20: Main Disease Page (NCD)

1

Screen:

Rishabh Singh
35 Yrs | Male | Married

Contact: - Aadhaar ID: Health ID: 1110100015101-100770001014674 (Temp)

Not Started	Not Started	Not Started
CBAC/History	Hypertension Screening	Diabetes Screening

Not Started	Not Started	Not Started	Not Started
Oral Screening	Breast Screening	Cervical Screening	General Disease Screening

Description:






























To navigate to the screening page, click the **Name** of selected individual in the **Search** page and then select **Screening** option from the Main Disease Page as shown in the above screenshot.


Note: You can navigate to the screening page only after filling the Profile section.

1. The screen shows 7 square boxes as shown in the screenshot above. ANM can click on any box for which screening has to be done.

Note: If the CBAC/History information is incomplete, then only this box will be activated by default. ANM has to enter and save details in Personal History, only then the other boxes will be activated.


Screen 21: CBAC/History – Risk Assessment

Step	Action																																	
1.	<div data-bbox="402 247 1364 1369"> <p>CBAC/History  Rishabh </p> <p> 1 Risk Assessment 2 Early Detection 3 Personal History 4 Personal Examination </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Question</th> <th style="width: 40%;">Range</th> <th style="width: 20%;">Score</th> </tr> </thead> <tbody> <tr> <td> Age</td> <td>35 Yrs</td> <td>0</td> </tr> <tr> <td> Smoking / Smokeless Tobacco</td> <td>-Select-</td> <td>0</td> </tr> <tr> <td> Alcohol</td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> <td></td> </tr> <tr> <td> Waist Measurement (in cm)</td> <td>-Select-</td> <td>0</td> </tr> <tr> <td> Physical Activity</td> <td> <input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week </td> <td></td> </tr> <tr> <td> Parents / Siblings having High BP / Diabetes / Heart Disease</td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> <td></td> </tr> <tr> <td>Total Score</td> <td></td> <td>0</td> </tr> <tr> <td> Family History of Cancer</td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> <td></td> </tr> <tr> <td> Type of Fuel Used for Cooking</td> <td>-Select-</td> <td></td> </tr> <tr> <td> Occupational Exposure</td> <td> <input type="checkbox"/> Crop Residue Burning <input type="checkbox"/> Burning Garbage / Leaves <input type="checkbox"/> Working in Industries with Smoke / Gas & Dust Exposure like Brick Kilns & Glass Factory </td> <td></td> </tr> </tbody> </table> <p style="text-align: right;"> <input type="button" value="BACK"/> <input type="button" value="SAVE"/> </p> </div>	Question	Range	Score	 Age	35 Yrs	0	 Smoking / Smokeless Tobacco	-Select-	0	 Alcohol	<input type="radio"/> Yes <input type="radio"/> No		 Waist Measurement (in cm)	-Select-	0	 Physical Activity	<input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week		 Parents / Siblings having High BP / Diabetes / Heart Disease	<input type="radio"/> Yes <input type="radio"/> No		Total Score		0	 Family History of Cancer	<input type="radio"/> Yes <input type="radio"/> No		 Type of Fuel Used for Cooking	-Select-		 Occupational Exposure	<input type="checkbox"/> Crop Residue Burning <input type="checkbox"/> Burning Garbage / Leaves <input type="checkbox"/> Working in Industries with Smoke / Gas & Dust Exposure like Brick Kilns & Glass Factory	
Question	Range	Score																																
 Age	35 Yrs	0																																
 Smoking / Smokeless Tobacco	-Select-	0																																
 Alcohol	<input type="radio"/> Yes <input type="radio"/> No																																	
 Waist Measurement (in cm)	-Select-	0																																
 Physical Activity	<input type="radio"/> At least 150 minutes in a week <input type="radio"/> Less than 150 minutes in a week																																	
 Parents / Siblings having High BP / Diabetes / Heart Disease	<input type="radio"/> Yes <input type="radio"/> No																																	
Total Score		0																																
 Family History of Cancer	<input type="radio"/> Yes <input type="radio"/> No																																	
 Type of Fuel Used for Cooking	-Select-																																	
 Occupational Exposure	<input type="checkbox"/> Crop Residue Burning <input type="checkbox"/> Burning Garbage / Leaves <input type="checkbox"/> Working in Industries with Smoke / Gas & Dust Exposure like Brick Kilns & Glass Factory																																	

Step	Action
2.	<p>Description :</p> <p>You need to select the CBAC/History option from the Screening page as shown above. Once you select that you can complete the CBAC/History in five sections.</p> <p>Note: Risk Assessment, Early Detection field values will be prepopulated from ASHA, if the person is already digitized.</p> <p>Risk Assessment:</p> <ul style="list-style-type: none"> • Here you can see three columns named 'Question', 'Range', and 'Score'. • In the Question column you can see the list of questions you need to ask the individual if not already diagnosed • In Range column you can note down the answers given by the individuals • Based on what is selected in the Range column you can find the corresponding score for each question and also the total score of an individual in the Score column. If total score is more than 4, a pop-up will be displayed which says, "Patient may be at risk". For NCD's, patient needs to be prioritized for NCD screening. • You need to also document additional information like Family History of Cancer, Type of Fuel used or cooking, and Occupational Exposure and click the green SAVE button at the bottom  of the page. It will say "Risk Assessment Details Updated Successfully"

Continued on next page

Screen 22: CBAC/History – Continued

Step	Action
	<p>Description : Early Detection</p> <p>On clicking save, after completing CBAC/History risk assessment section, it leads you to screening the individual for any NCD or other general disease through the early detection, in case ASHA has not completed the CBAC section.</p> <p>Note: Risk Assessment, Early Detection field values will be prepopulated from ASHA, if the person is already digitized.</p> <p>Once you are done with the Risk Assessment section you will come to the Early Detection section.</p> <ul style="list-style-type: none"> • Here there are list of question as shown in the screenshot above, that you need to ask the individual and click on the button next to either YES or NO. <p>After filling the necessary fields, click the green SAVE button  at the bottom of the page. It will say “Early Detection Details Updated Successfully”</p>

1

Individual ASHA FORMAT ? 3

FAMILY PROFILE **SCREENING** SUMMARY

CBAC/History Rishabh

1 Risk Assessment 2 **Early Detection** 3 Personal History 4 Personal Examination

Shortness of Breath Yes No

Coughing More than 2 Weeks Yes No

Blood in Sputum Yes No

Fever > 2 Weeks Yes No

Loss of Weight Yes No

Night Sweats Yes No

Are You Currently Taking Anti-TB Drugs Yes No

Anyone in Family Currently Suffering from TB Yes No

History of TB Yes No

Any Change in Tone of Voice Yes No

Difficulty in Opening Mouth Yes No

Ulcers / Patch / Growth in Mouth Not Healed in 2 Weeks Yes No

Any Patch or Discoloration on Skin Yes No

Difficulty in Holding Objects with Fingers Yes No

Loss of Sensation for Cold/Hot Objects in Palm or Sole Yes No

History of Fits Yes No

BACK SAVE

Only for Women –

CBAC/History Sudha

1 Risk Assessment 2 **Early Detection** 3 Menstrual History 4 Personal History 5 Personal Examination

Lump in Breast Yes No

Blood Stained Discharge from Nipple Yes No

Change in Shape & Size of Breast Yes No

Bleeding between Periods Yes No

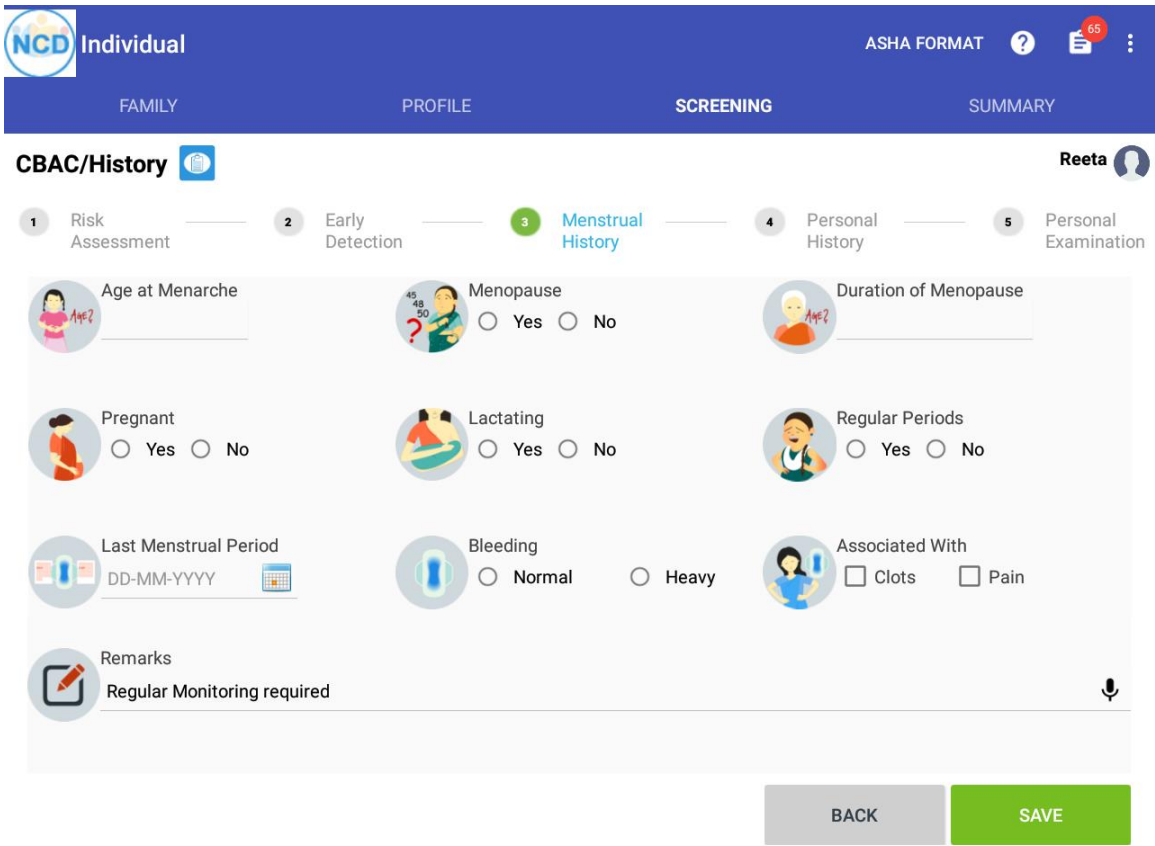
Bleeding after Menopause Yes No

Bleeding after Intercourse Yes No

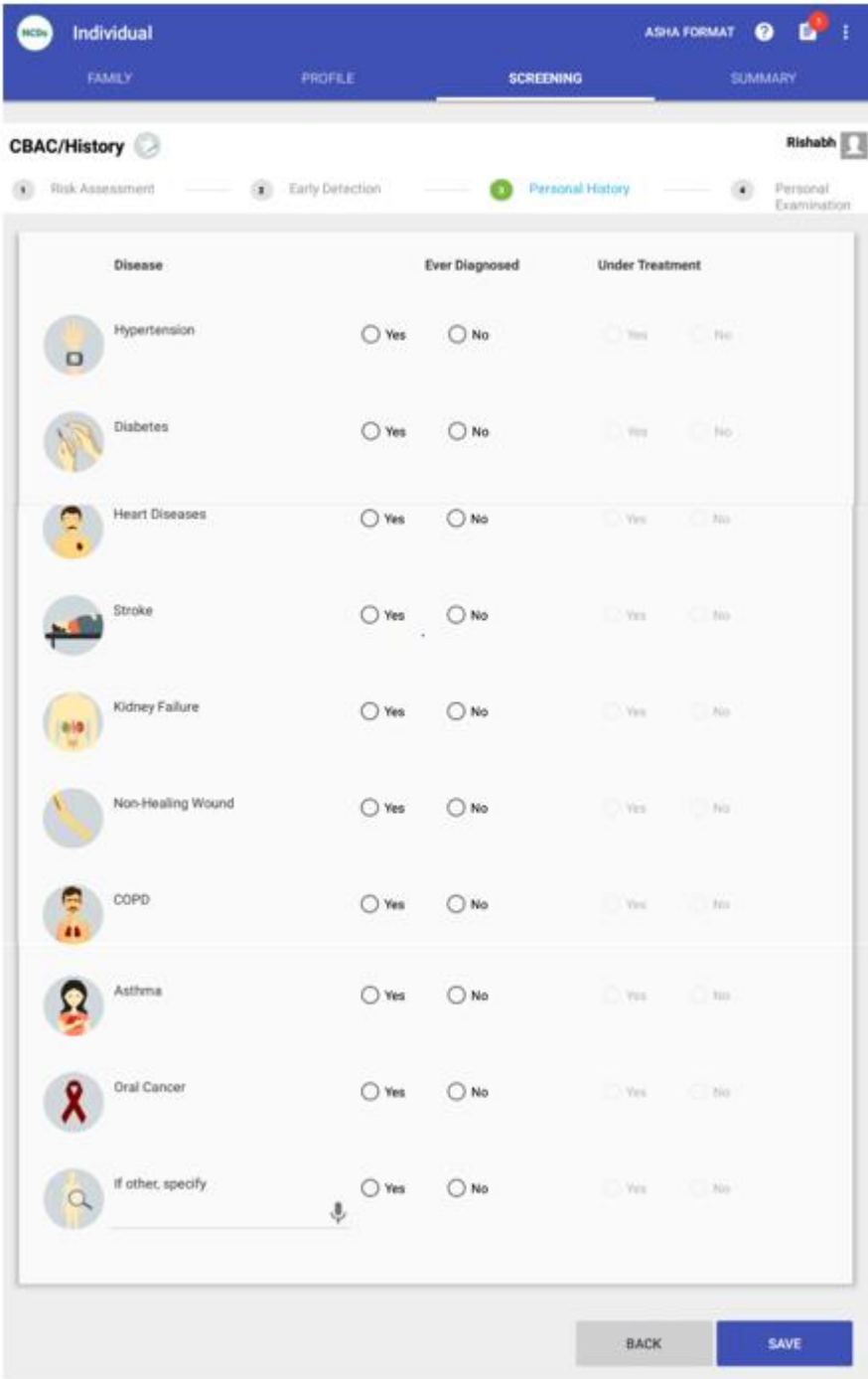
Foul Smelling Vaginal Discharge Yes No


BACK SAVE

Screen 23: CBAC/History – Menstrual History

Step	Action
1	
2	<p>Description :</p> <p>Once you SAVE the Early Detection section, you will come to the Menstrual History page only if the patient is women.</p> <p>Note: The Menstrual History page will be enabled only for Women and Other.</p> <ul style="list-style-type: none"> • If the individual is female then you need to ask the individual a list of things mentioned in this page, such as: <ul style="list-style-type: none"> ○ Age at Menarche ○ Menopause – Yes or No ○ Duration of Menopause, if yes ○ If she is a pregnant ○ Lactating – Yes or No ○ If she is having regular periods every month ○ Last Menstrual Period date ○ Menstrual Bleeding • After filling the necessary fields, click the green SAVE button at the bottom of the page. It will say “Menstrual History Updated Successfully”

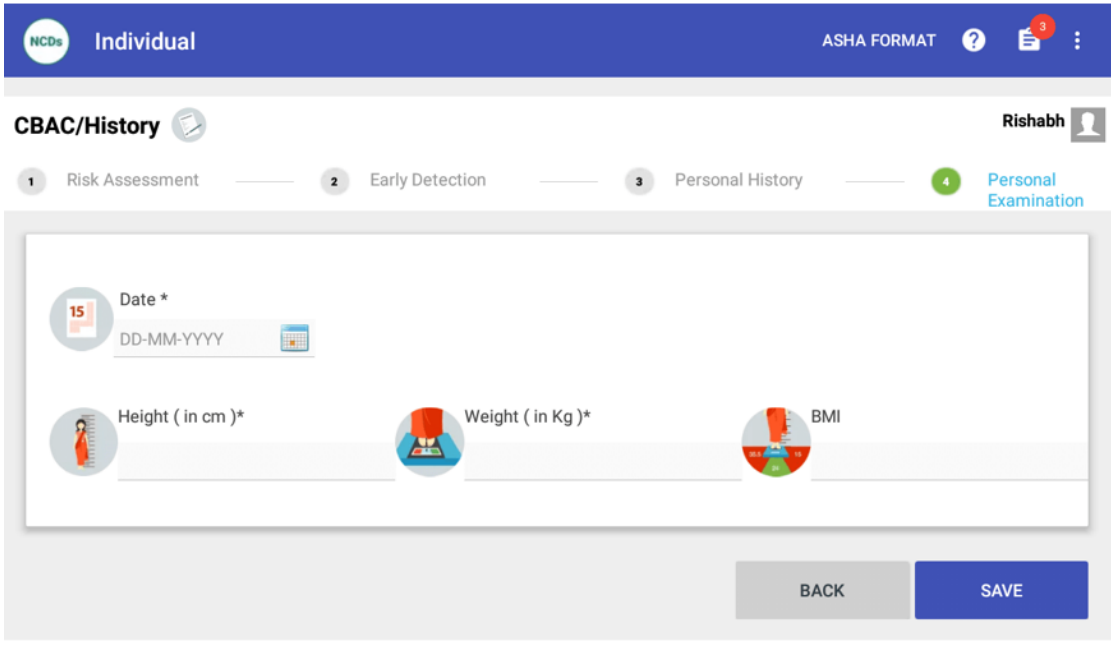


Screen 24: CBAC/History – Personal History

Step	Action																																	
1.	 <p>The screenshot displays the 'CBAC/History' interface for a user named 'Rishabh'. The 'Personal History' step is active, showing a list of diseases with radio buttons for 'Ever Diagnosed' and 'Under Treatment' (Yes/No). The 'Personal History' step is highlighted in green. At the bottom are 'BACK' and 'SAVE' buttons.</p> <table border="1"><thead><tr><th>Disease</th><th>Ever Diagnosed</th><th>Under Treatment</th></tr></thead><tbody><tr><td>Hypertension</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Diabetes</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Heart Diseases</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Stroke</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Kidney Failure</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Non-Healing Wound</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>COPD</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Asthma</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Oral Cancer</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>If other, specify</td><td><input type="radio"/> Yes <input type="radio"/> No</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Disease	Ever Diagnosed	Under Treatment	Hypertension	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Diabetes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Heart Diseases	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Stroke	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Kidney Failure	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Non-Healing Wound	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	COPD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Asthma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Oral Cancer	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	If other, specify	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Disease	Ever Diagnosed	Under Treatment																																
Hypertension	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Heart Diseases	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Stroke	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Kidney Failure	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Non-Healing Wound	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
COPD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Asthma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
Oral Cancer	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																
If other, specify	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																

Step	Action
2.	<p data-bbox="334 193 532 226">Description :</p> <p data-bbox="334 260 1419 340">Once you SAVE the Menstrual History section, you will come to the Personal History page.</p> <ul data-bbox="383 373 1507 709" style="list-style-type: none"><li data-bbox="383 373 1507 533">• ANM will ask the individual if he/she has been Ever Diagnosed diseases like Cancer (select Oral, Cervical, and/or Breast), Hypertension, Diabetes, Heart Disease, Stroke, Kidney failure and COPD. She will select Yes or No based on the response.<li data-bbox="383 541 1383 621">• If Yes to any disease above, ANM will ask if the individual is “Under Treatment” or no.<li data-bbox="383 630 1474 709">• After filling the necessary fields, click the green SAVE  button at the bottom of the page. It will say “Personal History Updated Successfully”





Continued on next page


Screen 25: CBAC/History – Personal Examination

Step	Action
1.	 <p>The screenshot shows the 'Personal Examination' form in the 'CBAC/History' section. The form is titled 'Individual' and is part of the 'ASHA FORMAT'. The user is logged in as 'Rishabh'. The form has four steps: 1. Risk Assessment, 2. Early Detection, 3. Personal History, and 4. Personal Examination. The 'Personal Examination' step is currently active. The form includes the following fields:</p> <ul style="list-style-type: none">Date *: A date picker field with a calendar icon. The format is DD-MM-YYYY.Height (in cm)*: A numeric input field.Weight (in Kg)*: A numeric input field.BMI: A numeric input field. The value 25.1 is displayed in red, indicating it is above the recommended range. <p>At the bottom of the form, there are two buttons: 'BACK' and 'SAVE'.</p>
2.	<p>Description :</p> <p>Once you SAVE the Personal History section, you will come to the Personal Examination page.</p> <ul style="list-style-type: none">• In the Date field, click the calendar icon  to choose the date of screening. The date of the screening has to be selected in the field.• “Height, Weight” have to be entered in numeric as per the actual readings.• “BMI” value gets calculated automatically. It shows in red if the value is ≥ 25• After filling the necessary fields, click the green SAVE  button at the bottom of the page. It will say “Personal Examination Updated Successfully”

Continued on next page

Screen 26: Hypertension

Step	Action
1	<div data-bbox="337 306 574 569" style="border: 1px solid gray; padding: 10px; margin-bottom: 20px;">  <p>Hypertension Screening</p> </div> <div data-bbox="363 621 1373 1625"> <div style="background-color: #2c5e8c; color: white; padding: 5px;"> NCDs Individual ASHA FORMAT ? 3 </div> <div style="background-color: #2c5e8c; color: white; padding: 5px; margin-top: 5px;"> FAMILY PROFILE SCREENING SUMMARY </div> <div style="border: 1px solid gray; padding: 10px; margin-top: 10px;"> <div style="display: flex; align-items: center;">  <div> <p>Rishabh Singh 35 Yrs Male Married</p> <p>Contact: - Aadhaar ID: Health ID: 1110100015101-100770001014674 (Temp)</p> </div> </div> <div style="margin-top: 10px;"> <p>Hypertension Rishabh </p> </div> <div style="margin-top: 10px; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date *</p> <p>DD-MM-YYYY </p> </div> <div style="width: 30%;"> <p>Systolic (mmHg) *</p> <p>80-280 (mmHg)</p> </div> <div style="width: 30%;"> <p>Diastolic (mmHg) *</p> <p>40-180 (mmHg)</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Pulse Rate</p> <p><input type="text"/></p> </div> <div style="width: 30%;"> <p>Diagnosed for Hypertension earlier?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> </div> <div style="width: 30%;"> <p>Currently Under Treatment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Refer</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="width: 50%;"> <p>Refer To If other, specify</p> <p>-Select-</p> </div> </div> <div style="margin-top: 10px;"> <p>Remarks</p> <p><input type="text"/></p> </div> <div style="text-align: right; margin-top: 10px;"> <p><input type="button" value="BACK"/> <input type="button" value="SAVE & FINISH"/></p> </div> </div> </div> </div>

Step	Action
2	<p data-bbox="337 193 532 226">Description :</p> <p data-bbox="337 260 1438 294">In the Screening page click the second option 'Hypertension' as shown above.</p> <ul data-bbox="383 365 1513 932" style="list-style-type: none"> <li data-bbox="383 365 1367 436">• In the Date field, click the calendar icon  to choose the date of screening. <li data-bbox="383 441 1513 512">• The Systolic, Diastolic, Pulse Rate, Diagnosed for Hypertension Earlier (Yes/No), Currently Under Treatment (Yes/No) fields will be prepopulated. <li data-bbox="383 516 1513 625">• If any of the above mentioned fields are not in Normal range, then ANM has to refer the individual by selecting YES in the Refer field to the higher facility for further investigation. <li data-bbox="383 630 1513 739">• If referred, Refer To field will get activated. ANM should select an appropriate option (PHC, CHC, DH, Others). If the Others option is selected, then it has to be specified in the If Other Specify field. <li data-bbox="383 743 1513 814">• If ANM has to add any other information about the individual then the Remarks field has to be filled with the appropriate information. <li data-bbox="383 819 1513 932">• After filling the necessary fields, click the Save & Finish button. Once done, Hypertension Register updated successfully message will appear on the screen.

Continued on next page



Screen 27: Diabetes Screening

1.




NCDs Individual ASHA FORMAT ? 3

FAMILY PROFILE **SCREENING** SUMMARY


Diabetes  **Rishabh** 

[Awareness Video](#)

Date * DD-MM-YYYY  **Random Blood Sugar (mmol/L) *** _____ Normal 80-120 (mmol/L)

Diagnosed for Diabetes earlier? Yes No **Currently Under Treatment?** Yes No

Refer Yes No **Refer To** _____ If other, specify
 -Select-

Remarks _____ 


BACK **SAVE & FINISH**

2.














Description:



To fill in any of the Diabetes details, the ANM has to select the **Diabetes Screening** box.

Actions:

- In the Date field, click the calendar icon  to choose the date of screening.
- You have to enter the random blood sugar of the individual and populate the **Random Blood Sugar** field.
- The **Diagnosed for Diabetes earlier (Yes/No), Currently Under Treatment (Yes/No)** fields will be prepopulated.
- If any of the above mentioned fields are not in the Normal range, then ANM has to refer the individual by selecting **Yes** in the **Refer** field to the higher facility for further investigation.
- If referred, **Refer To** will get activated. ANM should select an appropriate option (PHC, CHC, District Hospital, and Others). If the **Others** option is selected, then it has to be specified in the **If Other Specify** field.
- If ANM has to add any other information about the individual then the **Remarks** field has to be filled with the appropriate information.
- After filling the necessary fields, click the **Save & Finish** button. Once done, **Diabetes Register updated successfully** message will appear on the screen.

Screen 28: Oral Screening - Symptoms


Step	Action
1	<div data-bbox="337 239 532 491" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Not Started</p>  <p>Oral Screening</p> </div> <div data-bbox="344 550 1438 1692"> <div style="background-color: #2c5e8c; color: white; padding: 5px;">  Individual ASHA FORMAT    </div> <div style="background-color: #2c5e8c; color: white; padding: 5px; text-align: center;"> FAMILY PROFILE SCREENING SUMMARY </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Rishabh Singh 35 Yrs Male Married</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Contact -</div> <div>Aadhaar ID -</div> <div>Health ID 1110100015101-100770001014674 (Temp)</div> </div> <div style="margin-top: 10px;"> <p>Oral Screening </p> <div style="display: flex; justify-content: space-between; font-size: small;"> 1 Symptoms 2 Visual Examination(OVE) 3 Photograph 4 Referral </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <div style="margin-bottom: 10px;"> <p>Date * <input type="text" value="DD-MM-YYYY"/></p> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p> Any Issues in Mouth?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="width: 30%;"> <p> White/Red Patch in Oral Cavity</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="width: 30%;"> <p> Difficulty in Tolerating Spicy Food</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p> Change in Voice / Hoarseness</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="width: 30%;"> <p> Difficulty in Opening Mouth</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="width: 30%;"> <p> Ulceration / Roughened Areas in Mouth for more than 3 Weeks</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </div> </div> <div style="margin-top: 10px;"> <p>Remarks <input type="text"/></p> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px; gap: 20px;"> <div style="background-color: #ccc; padding: 5px 15px; border-radius: 5px;">BACK</div> <div style="background-color: #2c5e8c; color: white; padding: 5px 15px; border-radius: 5px;">SAVE & NEXT</div> </div> </div> </div> </div>

Step	Action
2	<p data-bbox="334 191 532 226">Description :</p> <p data-bbox="334 260 1442 338">In the Screening page click the fourth option 'Oral Screening' as shown above. Once you select that you can complete the Oral Screening in four sections.</p> <ul data-bbox="383 407 1511 835" style="list-style-type: none"><li data-bbox="383 407 1484 478">• Symptoms section: In the Date field, click the calendar icon  to choose the date of screening.<li data-bbox="383 485 1511 556">• Please select the right option (Yes/No) by clicking on the radio button next to Any Issues in Mouth? field<li data-bbox="383 562 1484 634">• If 'Yes' is selected, select the right option (Yes/No) by clicking on the radio button for the other fields in this screen as per the patient's responses.<li data-bbox="383 659 1235 695">• Add Remarks if any on the Oral Screening Symptoms.<li data-bbox="383 720 1495 835">• After filling the necessary fields, click the green SAVE & NEXT  button at the bottom of the page. It will say "Oral Symptoms Register Saved Successfully"

Continued on next page

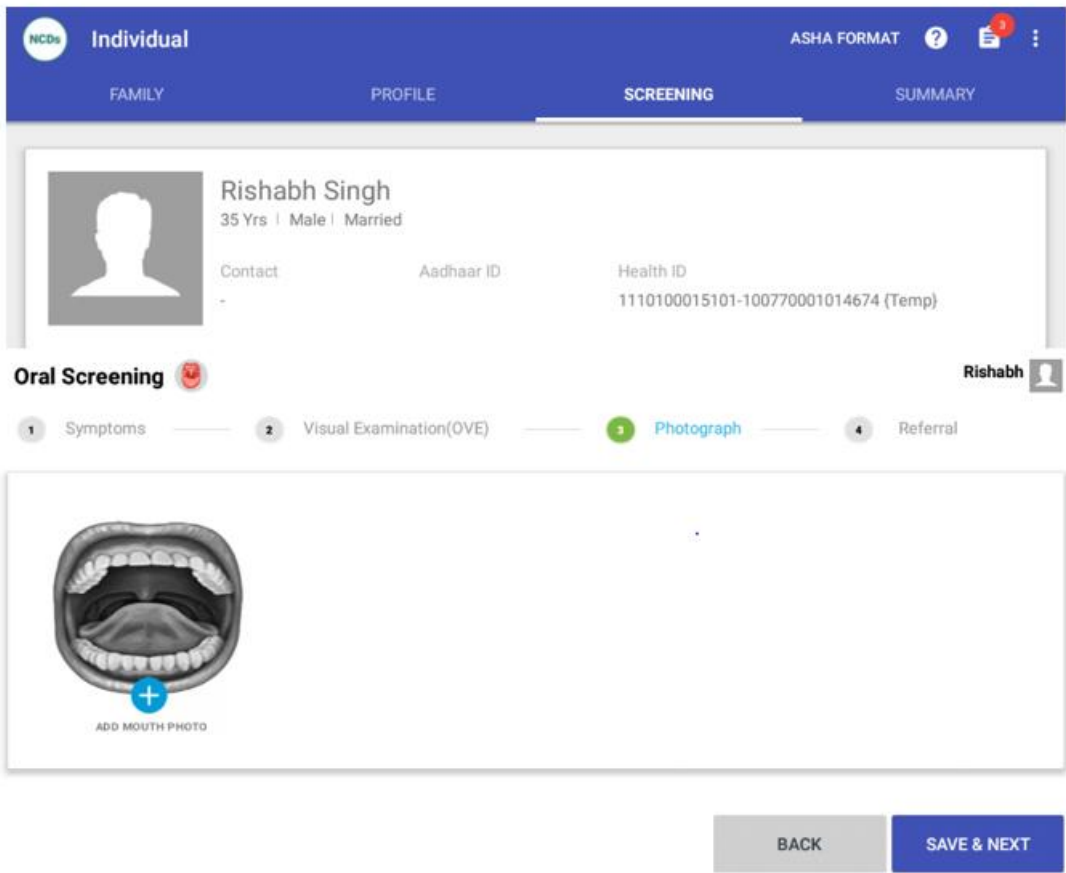
Screen 29: Oral Screening – Visual Examination (OVE)




Step	Action
1	<p>Individual ASHA FORMAT</p> <p>FAMILY PROFILE SCREENING SUMMARY</p> <p>Oral Screening Rishabh</p> <p>1 Symptoms 2 Visual Examination(OVE) 3 Photograph 4 Referral</p> <p>White Patches <input type="radio"/> Yes <input type="radio"/> No</p> <p>Red Patches <input type="radio"/> Yes <input type="radio"/> No</p> <p>Non-healing Ulcers <input type="radio"/> Yes <input type="radio"/> No</p> <p>Growth of Recent Origin <input type="radio"/> Yes <input type="radio"/> No</p> <p>Restricted Mouth Opening <input type="radio"/> Yes <input type="radio"/> No</p> <p>Remarks</p> <p>-Select-</p> <p>• - Normal • - Abnormal</p>

Step	Action
2	<p>Description :</p> <p>Once you are done with the Symptoms section you will come to the Visual Examination section.</p> <ul style="list-style-type: none"> • Please select the right option (Yes/No) by clicking on the radio button next to the following option: <ul style="list-style-type: none"> ○ White Patches ○ Red Patches ○ Non-healing Ulcers ○ Growth of Recent Origin ○ Restricted Mouth Opening • If Yes is selected for any of the above option, you can see the visual/graphics at the right will indicate the patches for examination in blue dots. • After examining the patient mouth, click on the blue patches on the visual to indicate the patches that are affected. The Abnormal patches selected will be indicated in Red color. • Add Remarks if any on the Oral Screening Symptoms. • In the SUMMARY section, you can see the visual representing the oral abnormalities. • After filling the necessary fields, click the green SAVE & NEXT  button at the bottom of the page. It will say “Oral Examination Register Saved Successfully”

Continued on next page

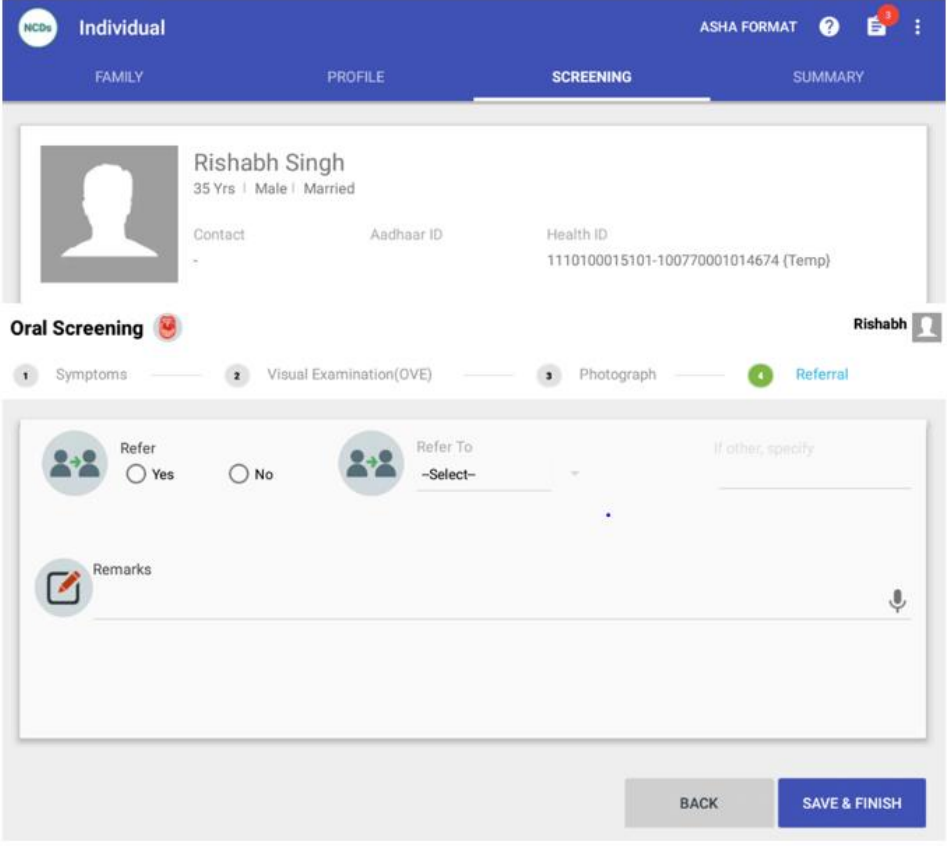
Screen 30: Oral Screening – Photograph

Step	Action
1	 <p>The screenshot displays the 'Oral Screening' interface for a patient named Rishabh Singh. The patient's profile includes a silhouette icon, name, age (35 Yrs), gender (Male), and marital status (Married). Below this, fields for Contact, Aadhaar ID, and Health ID (1110100015101-100770001014674 (Temp)) are shown. The 'Oral Screening' section features a progress bar with four steps: 1 Symptoms, 2 Visual Examination(OVE), 3 Photograph (highlighted in green), and 4 Referral. A large image placeholder for the mouth photo is present, with a blue plus icon and the text 'ADD MOUTH PHOTO'. At the bottom right, there are two buttons: 'BACK' and 'SAVE & NEXT'.</p>

Step	Action
2	<p>Description :</p> <p>Once you are done with the Visual Examination section you will come to the Photograph page.</p> <ul style="list-style-type: none"> • Here select the blue plus  icon on the Oral image to add a mouth photo of the patient. • Once you click on the blue plus button, the tablet camera will open. Click an open mouth photo of the patient and select the  and save the image. • After uploading the image, click the green SAVE & NEXT  button at the bottom of the page. It will say “Oral Photograph Saved Successfully” • Once you click the SAVE & NEXT a pop with the summary of the patient information selected appears as shown below. <div data-bbox="345 793 1495 1453" data-label="Image"> </div> <ul style="list-style-type: none"> • Click on the green OK button.

Continued on next page



Screen 31: Oral Screening – Referral

Step	Action
1	
2	<p>Description :</p> <p>Once you are done with the Visual Examination section you will come to the Photograph page.</p> <ul style="list-style-type: none"> • If individual appears as a suspect, then you need to mark YES in the Refer field. • If referred, Refer To field will get activated. ANM should select an appropriate option (PHC, CHC, DH, Others). If the Other option is selected, then it has to be specified in the If Other Specify field. • After filling the necessary details, click the green SAVE & NEXT button at the bottom of the page. It will say “Oral Referral Saved Successfully”

Continued on next page


Screen 32: Breast Screening - Symptoms

Step	Action
1	<div data-bbox="337 310 1495 1465"> <p>Individual ASHA FORMAT</p> <p>FAMILY PROFILE SCREENING SUMMARY</p> <p>Breast Symptoms Jesse</p> <p>1 Symptoms — 2 Examination — 3 Referral</p> <p>Date * DD-MM-YYYY</p> <p>Any Breast Related Symptoms? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Lump or Thickening in Breast <input type="radio"/> Yes <input type="radio"/> No</p> <p>Change in Size <input type="radio"/> Yes <input type="radio"/> No</p> <p>Change in Shape & Position of Nipple <input type="radio"/> Yes <input type="radio"/> No</p> <p>Any Retraction of Nipple <input type="radio"/> Yes <input type="radio"/> No</p> <p>Discharge from One or Both Nipples <input type="radio"/> Yes <input type="radio"/> No</p> <p>Puckering or Dimpling <input type="radio"/> Yes <input type="radio"/> No</p> <p>Swelling / Lump in Armpit <input type="radio"/> Yes <input type="radio"/> No</p> <p>Constant Pain in Breast or Armpit <input type="radio"/> Yes <input type="radio"/> No</p> <p>Redness of Skin over Breast or Any Ulcer <input type="radio"/> Yes <input type="radio"/> No</p> <p>Erosions of Nipple <input type="radio"/> Yes <input type="radio"/> No</p> <p>Remarks</p> <p>BACK SAVE & NEXT</p> </div>

Step	Action
2	<p>Description :</p> <p>In the Screening page click the fifth option 'Breast Screening' as shown above. Once you select that you can complete the Breast Screening in three sections.</p> <ul style="list-style-type: none"> • Symptoms section: In the Date field, click the calendar icon  to choose the date of screening. • For the fields listed below, please select the right option (Yes/No) by clicking on the radio button: <ul style="list-style-type: none"> ➤ Any Breast Related Symptoms? ➤ Lump or Thickening in Breast? ➤ Change in Size ➤ Change in Shape&Position of ➤ Any Retraction of Nipple ➤ Discharge from One or Both ➤ Puckering or Dimpling ➤ Swelling/Lump in Armpit ➤ Constant Pain in Breast or Armpit ➤ Redness of Skin over Breast or ➤ Erosions of Nipple • If 'Yes' is selected, select the right option (Yes/No) by clicking on the radio button for the other fields in this screen as per the patient's responses. • If any remarks need to be added, enter the same in the Remarks field. • After filling the necessary fields, click the green SAVE & NEXT  button at the bottom of the page. Once done, a message appears on the screen which says "Breast Symptoms Register Saved Successfully"


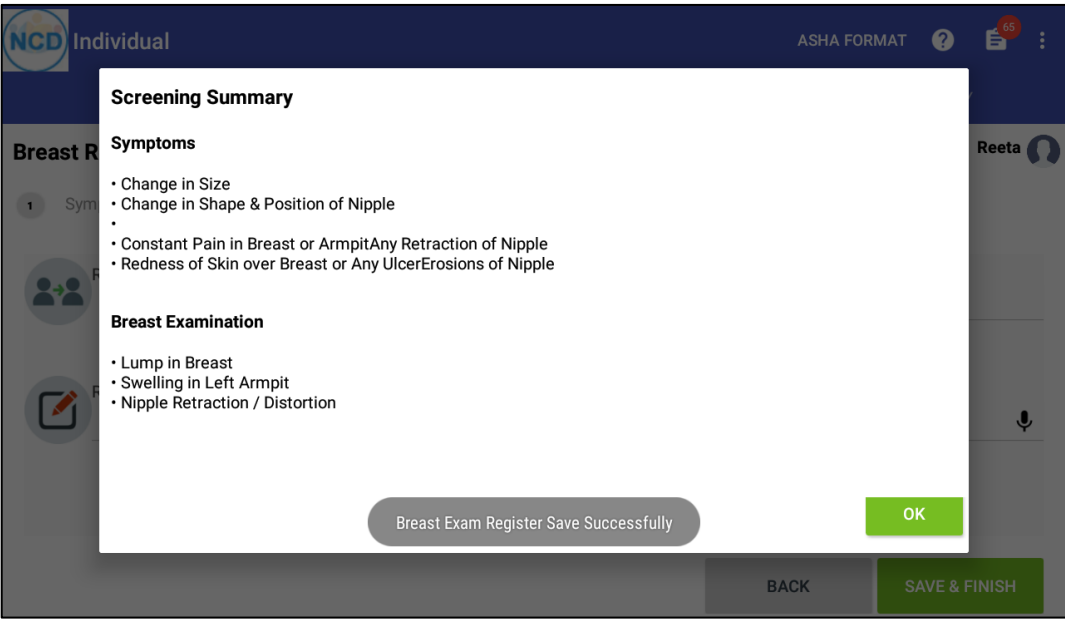
Screen 33: Breast Screening – Examination

Step	Action
1	<p>The screenshot displays the 'Breast Examination' interface for a patient named Jesse. The patient's profile includes her name, age (39 Yrs), gender (Female), and marital status (Married). Her Health ID is 1110100015101-100770001205072 (Temp). The examination section is currently active, showing various clinical questions with 'Yes' and 'No' radio buttons. There are also checkboxes for 'Swelling in Armpit' (Left/Right) and 'Skin Dimpling / Retraction' (Yes/No). Two breast diagrams are provided for visual assessment, with a legend indicating blue dots for 'Normal' and red dots for 'Abnormal'. A 'SUMMARY' section at the bottom shows the final assessment with all markers in blue. Navigation buttons 'BACK' and 'SAVE & NEXT' are located at the bottom right of the screen.</p>

Step	Action
2	<p>Description :</p> <ul style="list-style-type: none"> • Once you are done with the Symptoms section, navigate to the Examination section. • Select Yes/No for the option “Trained Individual for Self Breast Exam” • Please select the right option (Yes/No) by clicking on the radio button next to the following option: <ul style="list-style-type: none"> ➤ Lump in Breast ➤ Swelling in Armpit ➤ Nipple Retraction/Distortion ➤ Ulceration ➤ Discharge from Nipple ➤ Skin Dimpling/Retraction • If Yes is selected for any of the above option, the visual for the same can be visible on the right side of the screen. The visual at the right will indicate the patches for examination in blue dots. • After examining the individual’s breast, click on the blue patches on the visual to indicate the patches that are affected. The Abnormal patches selected will be indicated in Red color. • If any remarks needs to be added, enter the same in the Remarks field. • In the SUMMARY section, you can see the visual representing of the breast abnormalities. • After filling the necessary fields, click the green SAVE & NEXT  button at the bottom of the page. Once done, a message will appear on the screen which says Breast Exam Register Saved Successfully. • Screening Summary with all the selected Symptoms and examination findings will be displayed. Click ok. <p>Note : If there is no symptoms/findings Screening summary will not be displayed</p>

Screen 34: Breast Screening – Referral

Step	Action
1	<p data-bbox="332 241 438 273">Screen</p> <div data-bbox="370 325 1409 1092"><p data-bbox="373 346 1404 441">Individual ASHA FORMAT ? [4] [3]</p><p data-bbox="470 409 1323 430">FAMILY PROFILE SCREENING SUMMARY</p><p data-bbox="373 483 1404 514">Breast Referral Jesse [Profile]</p><p data-bbox="381 535 966 556">1 Symptoms 2 Examination 3 Referral</p><p data-bbox="414 609 1388 682">Refer <input type="radio"/> Yes <input type="radio"/> No Refer To -Select- If other, specify</p><p data-bbox="406 745 1388 976">Remarks [Text Area] [Microphone]</p><p data-bbox="1055 1018 1388 1081">BACK SAVE & FINISH</p></div>

Step	Action
2	<p>Description :</p> <p>Once you are done with the Examination section, navigate to the Referral section.</p> <ul style="list-style-type: none"> • If individual appears as a suspect, then you need to mark YES in the Refer field. • If referred, Refer To field will get activated. ANM should select an appropriate option (PHC, CHC, DH, Others). If the Others option is selected, then it has to be specified in the If Other Specify field. • If any remarks need to be added, enter the same in the Remarks field. • After filling the necessary details, click the green SAVE & NEXT  button at the bottom of the page. A message appears on the screen which says “Breast Referral Saved Successfully” 


Continued on next page

Screen 35: Cervical Cancer - Symptoms

1



NCDs Individual ASHA FORMAT ? 4

FAMILY PROFILE **SCREENING** SUMMARY




Jesse
39 Yrs | Female | Married

Contact: - Aadhaar ID: Health ID: 1110100015101-100770001205072 (Temp)

Cervical Symptoms  Jesse 

1 Symptoms 2 Examination 3 VIA 4 Referral

Date * 

Any Cervical Related Symptoms? Yes No


Excessive Bleeding during Periods Yes No

Bleeding between Periods Yes No

Bleeding after Intercourse Yes No

Excessive Foul Smelling Vaginal Discharge Yes No

Postmenopausal Bleeding Yes No


Remarks 

BACK **SAVE & NEXT**

Actions:

Note: On Clicking Cervical cancer, Have you been trained for VIA POP up will be appeared for first time login?

If ANM selects Yes, VIA section will be enabled. Else, it will be disappeared.

- In the Date field, click the calendar icon  to choose the date of screening.
- Please select the right option (YES/NO) by clicking on the radio button
 - Any Cervical related symptoms?
- If response to above Question is 'Yes' - Please select the right option (YES/NO) by clicking on the radio button for below symptoms.
 - Excessive Bleeding during period
 - Postmenopausal Bleeding
 - Bleeding after Intercourse
 - Excessive Foul smelling Vaginal Discharge
 - Bleeding between Periods
- If response to “Any Cervical related symptoms?” is “NO”, all the other symptoms will be disabled and Remarks can be added directly.
- Add **Remarks** if any on the Cervical Cancer Symptoms.
- After filling all the details please click on ‘Save & Next’.
- You will get a confirmation pop up – “Screening Summary”. Click Ok.

SAVE & NEXT

Screen 36: Cervical Cancer – Examination

1 Screen

The screenshot shows the 'Individual' screening application interface. At the top, there is a navigation bar with 'Individual' on the left and 'ASHA FORMAT' on the right. Below this is a sub-navigation bar with 'FAMILY', 'PROFILE', 'SCREENING', and 'SUMMARY'. The main content area displays the patient's profile for 'Jesse', a 39-year-old female who is married. Her contact information is redacted, and her Health ID is 1110100015101-100770001205072 (Temp). Below the profile is a progress indicator with four steps: 1. Symptoms, 2. Examination (highlighted in green), 3. VIA, and 4. Referral. The 'Examination' screen features a checkbox for 'Patient has Refused Screening'. Below this are nine examination questions, each with a radio button for 'Yes' and 'No':

- Polyp
- Ectopy (Erosion)
- Hypertrophy
- Bleeds on Touch
- Unhealthy Cervix
- Suspicious Looking
- Frank Malignancy/Growth in Cervix
- Prolapse Uterus
- Excessive Discharge

At the bottom of the screen, there is a 'Remarks' field with a microphone icon and two buttons: 'BACK' and 'SAVE & NEXT'.

Actions:

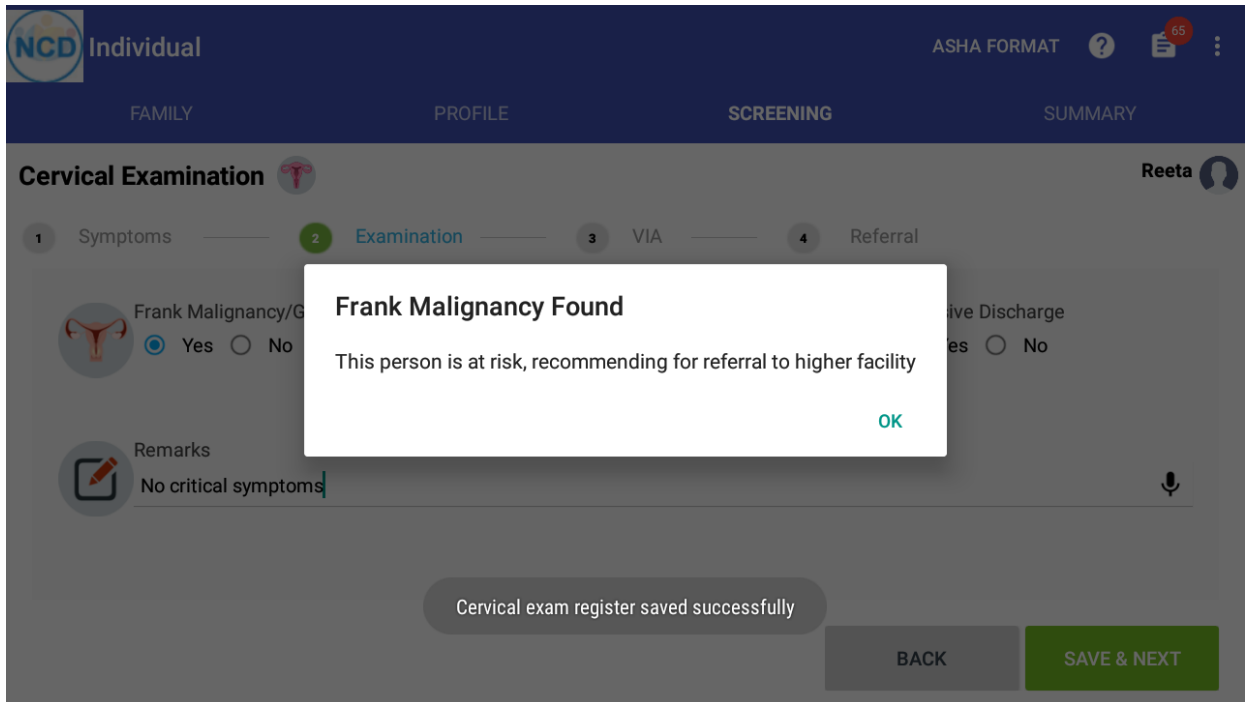
- In the Examination Screen, please select the right option (YES/NO) by clicking on the radio button for each examination parameter

1. Polyp
2. Ectopy(Erosion)
3. Hypertrophy
4. Bleeds on Touch
5. Unhealthy Cervix
6. Suspicious Looking
7. Frank Malignancy/Growth in Cervix.
8. Prolapse Uterus
9. Excessive Discharge

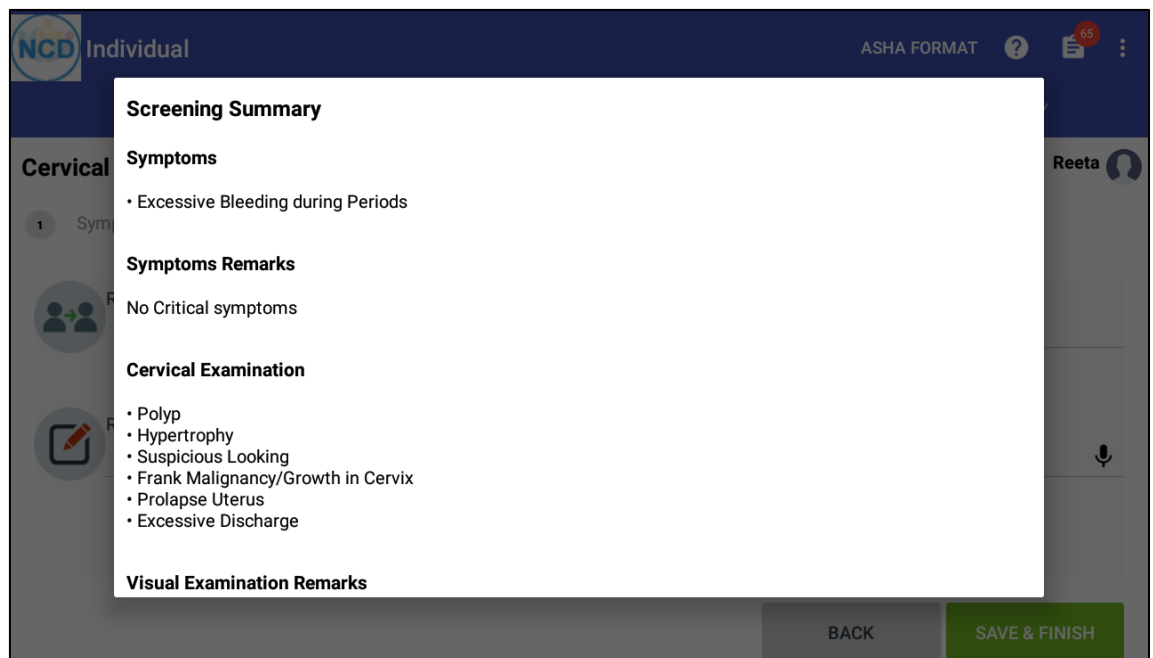
If ANM has selected menopause earlier for the individual, then the second and sixth questions will not appear

- Add **Remarks** if any on the Cervical Cancer Examination.

- After filling all the details, please Click on 'Save & Next'. SAVE & NEXT
- You will get a Prompt based on the examination outcome only if the patient has to be referred



- The Summary of Symptoms and Cervical Examination will be displayed for information. Click on OK.




Screen 37: Cervical Cancer - VIA

1



NCDs Individual ASHA FORMAT ? 4

FAMILY PROFILE **SCREENING** SUMMARY




Jesse
39 Yrs | Female | Married


Contact: - Aadhaar ID: Health ID: 1110100015101-100770001205072 (Temp)

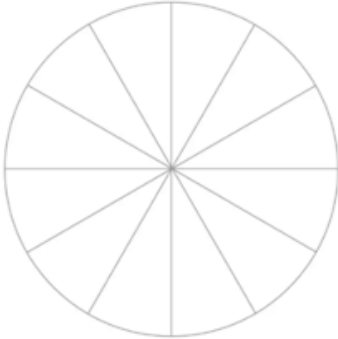
Visual Inspection  Jesse 

1 Symptoms 2 Examination **3 VIA** 4 Referral

VIA  -Select-

Positive
 Negative
 Suspicious of Cancer

Remarks  _____




● - Normal ● - Abnormal

BACK **SAVE & NEXT**

2. **Description:**

Only if you have been trained for VIA you should do the VIA Screening.

- Please select the VIA test outcome
 - Positive
 - Negative
 - Suspicious of Cancer


- Add VIA from the dropdown.
- Add Remarks on VIA findings.
- If positive or suspicious, Blue dots will be displayed in the picture area. Click on blue dots in picture.
- Click on 'Save & Next' 

Screen 38: Cervical Cancer - Refer



1

NCDs Individual ASHA FORMAT ? 4

FAMILY PROFILE **SCREENING** SUMMARY

 **Jesse**
39 Yrs | Female | Married

Contact: - Aadhaar ID: Health ID: 1110100015101-100770001205072 (Temp)

Cervical Referral  **No Visible Symptoms**  Jesse


1 Symptoms 2 Examination 3 VIA 4 **Referral**

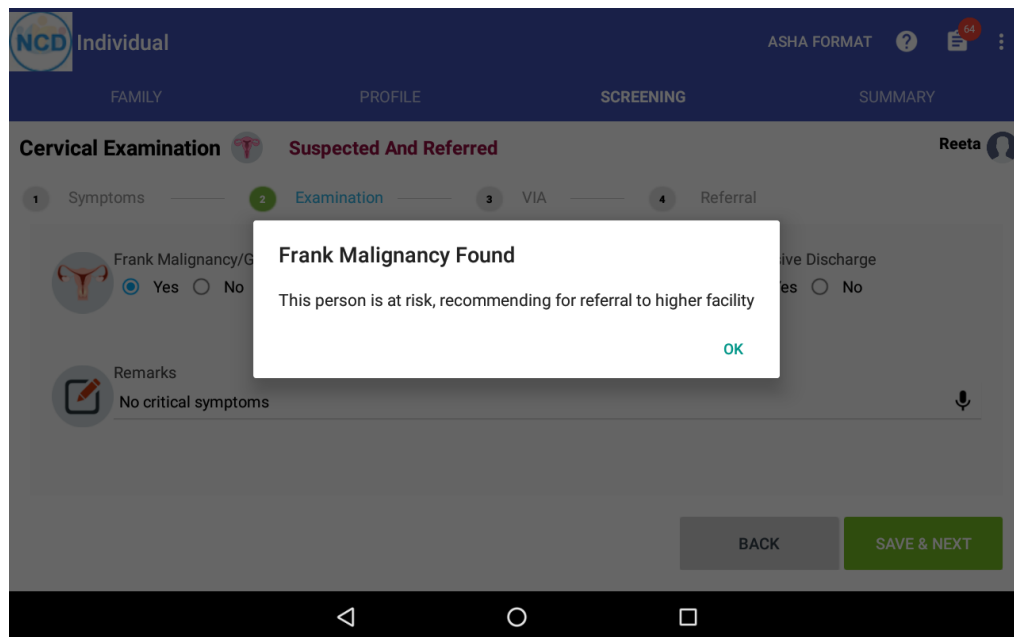
Refer Yes No **Refer To**

Remarks

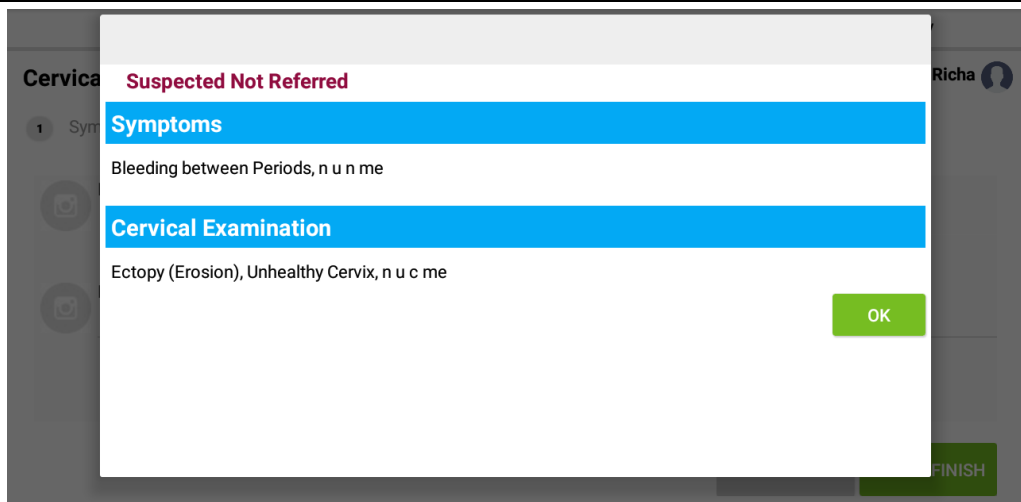
ADD FOLLOW UP **BACK** **SAVE & FINISH**

Description:

- Under Refer, select 'Yes' if the patient has to be referred.
- Select from Dropdown options for "Refer To" field
 - PHC
 - CHC
 - District Hospital
 - Other
- Please Click 'Yes' when asked "Do you want to refer this individual".
- Add **Remarks**
- Click on 'Save & Finish' 
- Select '**No**' if the patient need not be referred
- If the Recommendation was to Refer, but if ANM opted not to Refer, below popup will show up. Please click on 'Not required' if you are sure on not referring the patient.




- If Suspected and Not Referred, the same will be Displayed in the Prompt with Symptoms and Examination Summary will be displayed. Click on OK.




- Click on 'Save & Finish' 




Screen 39: Workplan

1

 This Week's Tasks
ASHA FORMAT ?

Tasks	Name	Village	Disease	Gender	
This Week		-Select-	-Select-	All	

All 3	Priority Follow-up 0	General Follow-Up 2	Screen Individual 1
----------	-------------------------	------------------------	------------------------

Patient Details	Village	Disease	Action Point	Due Date
 Rishabh 35 Male Married	Village Two	Hypertension	Suspected Not Referred	09/04/2018
 Nandi 38 Female Separated/ Divorced	Village Two	Oral	Suspected Not Referred	08/04/2018
 Pooh 55 Female Widow/ Widower	Village One	General	Complete Screening	09/04/2018

1 - 3 Of 3

2. **Description:**

- Workplans are a way for the ANM to know what action she needs to take. It is her organizer, her to-do list and can be sorted by different parameters.
- The landing page for Workplan will display the 3 categories.
 - Today's Task
 - This week's Task
 - Missed Tasks
- When ANM clicks on "Today", she will see a list of individuals that are due today for follow-up. "This week" will show it for the rolling week, 7 days from today. "Missed" will show all tasks that were not completed. Expired tasks from Today's list and This Week's list will go into the Missed list.

- The list of individuals will have the following columns –
 - Photo
 - Name
 - Age
 - Disease
 - Village
 - Action point
 - Due-date
- The list will be prioritized by importance of action to be taken and by due date.
- ANM can filter the follow-ups on village to finish all her weekly follow-up for a village together. This will help her in better organizing her time and visits.
- The action-point indicates the action that the ANM needs to take for that individual. It will be one of the following:
- For Priority follow up category
 - Uncontrolled (For diagnosed Patients)
 - Follow-up Generated - When BP/sugar is over the range for patients on treatment.
 - Follow-up closed - ANM advises patient, take vitals reading and Advises patient to re-visit MO
 - Lost to follow up by ANM (For diagnosed Patients)
 - Follow-up Generated - When patient has missed follow-ups for 2 calendar months
 - Follow-up closed - When follow up visit is entered and ANM completes patient tracking
 - Lost to follow up by MO (For diagnosed Patients) –
 - Follow-up Generated - When patient missed one 3-monthly visit with MO
 - Follow-up closed - When MO visit is entered
 - Specialist advised visit –
 - Follow-up Generated - Created when Specialist/PHC ask for a follow-up visit
 - Follow-up closed - ANM should remind the patient for going to facility for follow-up
- General Follow up
 - Specialist advised ANM follow-up –
 - Follow-up Generated - Created when specialist/PHC ask for ANM to do a follow-up visit

- Follow-up Closed - ANM to do particular action as asked by specialist e.g. medicine disbursement
 - Suspected, not referred –
 - Follow-up Generated - ANM should have referred to MO but didn't.
 - Follow-up Closed - ANM refers the patient
 - Referred, not reached facility –
 - Follow-up Generated - Individual should have been seen by the MO but no evidence of that.
 - Follow-up Closed - ANM should check with patient whether they went to MO and update patient tracking
 - At Risk
 - Follow-up Generated- When individual CBAC score ≥ 4 or has early detection symptom or when BP or sugar is in risk range
 - Follow-up Closed - ANM should do counselling for Lifestyle modifications
 - Monthly checkup –
 - Follow-up Generated - when a patient is confirmed for Hypertension or diabetes
 - Follow-up Closed - When ANM does the monthly check-up
- Complete Screening
 - Screen Individual - Created when Individual's ASHA format is completed – When screening is started / patient history should be completed
 - Screen on priority – Individual has CBAC score ≥ 4 / early detection symptom are present – When screening is completed
 - Complete partial screening - When screening is not completed for an individual – When screening is completed

END OF LAB