# Reporting Format for ASHA

**ASHA Name**

**Village Name** **Hamlet Name**

**AYUSH Dispensary/Sub-centre Name** **PHC Name**

**Referral AYUSH Hospital Name**

## Part A) Family folder

| | |
|---|---|
| **1. Household details –** | |
| i. Number/ID | |
| ii. Name of Head of the Household | |
| iii. Details of household amenities – | Please specify |
| **a) Type of house**<br>*(Kuccha/Pucca with stone and mortar/Pucca with bricks and concrete/or any other specify)* | |
| **b) Availability of toilet**<br>*(Flush toilet with running water/flush toilet without water/pit toilet with running water supply/pit toilet without water supply/or any other specify)* | |
| **c) Source of drinking water**<br>*(Tap water/hand pump within house/hand pump outside of house/well/tank/river/pond/ or any other specify)* | |
| **d) Availability of electricity**<br>*(Electricity supply/generator/solar power/kerosene lamp/or any other specify)* | |
| **e) Motorized vehicle**<br>*(Motor bike/Car/Tractor/or any other specify)* | |
| **f) Type of fuel used for cooking**<br>*(Firewood/crop residue/ cow dung cake/ coal/ kerosene/ LPG/ or any other specify)*<br>**g) Contact details – (Telephone number of head of the family)** | |

| S. No. | Individual Name | Aadhaar ID *(if Aadhaar id is not available please add details of other ids like Voter id or Ration card)* | Individual Health ID *(issued by SHC/ANM)* | Sex | Date of Birth | Age | Marital Status | Beneficiary of any health insurance scheme | | Current Status of residence | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes/ No | Details of the scheme (as applicable) | Staying at the house currently | Migrated temporarily for work |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## Part B) Individual Health Record

| | |
|---|---|
| Individual Name | |
| Individual ID | |

### A. History

| Known Medical Illness for NCDs | Date of Diagnosis | Treatment | | Any Complications | Others |
|---|---|---|---|---|---|
| | | Currently under treatment | Discontinued | | |
| | | | | | |
| | | | | | |

### B. Screening for NCD

| Screened for (specify date on which screening was done) | | | | | | Screening Result | | | | | | Risk Factors | Other - Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hypertension | Diabetes | Oral Cancer | Breast Cancer | Cervical Cancer | COPD (Respiratory Disorders) | Hypertension | Diabetes | Oral Cancer | Breast Cancer | Cervical Cancer | COPD (Respiratory Disorders) | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### C. Treatment Details

| Condition | Date of Diagnosis | Treatment Initiation | | | Treatment Compliance - Currently on Treatment | | | | Treatment Discontinued | | Other - Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Health Facility | Date | Details | Health Facility | Date of Visit | Supply of Medicine Received – Monthly | Side Effects/ Complications (if any) | Reasons for Discontinuation | Date of Discontinuation | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |