Patient number ⎕⎕⎕⎕⎕⎕

Name

Age (years) ⎕⎕⎕

Date of birth ⎕⎕/⎕⎕/⎕⎕

Sex M ☐ F ☐

Village

NCD number ⎕⎕⎕⎕⎕⎕

Head of family

HOW DID YOU FIND OUT ABOUT THIS CLINIC?

From someone attending the clinic Yes ☐ No ☐

Saw or heard advertisment Yes ☐ No ☐

Other Yes ☐ No ☐

If yes, describe briefly:

Lifestyle assessment

How many hours moderate or intense physical activity do you take in a week (e.g. brisk walking, cycling, runnning, heavy labour - include work and leisure)?

<0.5	0.5-1.5	>1.5-5	>5
☐	☐	☐	☐

Salt added to prepared food? Yes ☐ No ☐

Blood pressure reading (1) ⎕⎕⎕/⎕⎕⎕ mmHg

Do you drink (alcoholic drinks)? Yes ☐ No ☐

If yes, how many Bottles or shots of...	per... day	week	Month	year
bottled beer				
shots of spirits				
Glasses of wine				
Traditional alcoholic drinks				

Do you smoke? Yes ☐ No ☐

If yes, how often do you smoke…	Per wk	<10 day	10-20 day	>20 day
Manufactured cigarettes				
Home-made cigarettes				
pipe				

Do you suffer from epilepsy?

Yes ☐ No ☐

When was it diagnosed? ⎕⎕⎕⎕ (year)

Who diagnosed it? Doctor ☐ MA ☐ Healer ☐ Other ☐

Are you using any drugs for epilepsy?

Yes ☐ No ☐

Write drugs and doses

CONCLUSIONS	ACTION TO BE TAKEN
Patient reports a doctor diagnosis of epilepsy ☐ And Patient is taking anticonvulsant drugs ☐	Complete epilepsy patient record form ☐
Only one of the above ☐	Refer for doctor's opinion and if epilepsy is confirmed complete patient record form ☐

Do you suffer from asthma?

Yes ☐ No ☐

When was it diagnosed? ⎕⎕⎕⎕ (year)

Who diagnosed it? Doctor ☐ MA ☐ Healer ☐ Other ☐

Are you using any drugs for asthma?

Yes ☐ No ☐

Write drugs and doses

CONCLUSIONS	ACTION TO BE TAKEN
N/A	N/A

Have you ever had any problem breathing with whistling sounds in your chest (including during or after exercise)?

Yes ☐ No ☐

1. Is your breathing normal between these attacks? Yes ☐ No ☐
2. Have you had any of these attacks in the past 12 months Yes ☐ No ☐

Are you suffering from fever *and/or* productive cough?

	CONCLUSIONS	ACTION TO BE TAKEN
Yes ☐	Respiratory problems with fever or productive cough ☐	Refer for Doctor's opinion to exclude other chest disease ☐
No ☐	Patient reports intermittent wheeze/ whistling in past twelve months ☐ And **NO** fever *and* **NO** productive cough ☐	Complete asthma patient record form ☐

NOTE: Only one action should be taken for each condition

Do you suffer from diabetes?

Yes ☐ No ☐

When was it diagnosed? ☐☐☐☐ (year)

Who diagnosed it? Doctor ☐ MA ☐ Healer ☐ Other ☐

Are you using any drugs for diabetes?

Yes ☐ No ☐

Write drugs and doses

CONCLUSIONS	ACTION TO BE TAKEN
Reported diagnosis of diabetes ☐ and on hypoglycaemic drugs ☐	Complete diabetes patient record form ☐

Symptoms

Do you suffer from excessive thirst? Yes ☐ No ☐

Do you suffer from excessive passing of urine? Yes ☐ No ☐

For people aged over 30:

Do you have a parent or sibling with diabetes? Yes ☐ No ☐

Women only:

Have you ever had a still birth? Yes ☐ No ☐

Physical examination

Weight (Kg) ☐☐☐ Height (cm) ☐☐☐ Waist (cm) ☐☐☐

Answered 'yes' to at least one of these questions ☐

Age over 30 years and waist greater than 90cm ☐

TESTING BLOOD GLUCOSE	ACTION TO BE TAKEN	
Fasting capillary glucose (FCG#1) ☐☐.☐ mmol.l-1 ☐☐/☐☐/☐☐		
FCG#1 ≥ 11.1	Fill out diabetes initial form	☐
FCG#1 between 6.1 and 11.0	Do 2nd FCG on another day	☐
FCG#1 between 5.0 and 6.0	Recommend life style changes. Check again in 1 yr	☐
FCG#1 < 5.0	Okay. Check again in 3 years	☐
FCG#2 ☐☐.☐ mmol.l-1 Date: ☐☐/☐☐/☐☐		
FCG#2 ≥ 6.1	Fill out diabetes initial form	☐
FCG#2 <6.1	Do 2-hour tolerance test (2TT): ☐☐.☐ mmol.l-1	☐
2-hour tolerance test (2TT): ☐☐.☐ mmol.l-1		
2TT ≥ 11.1	Fill out diabetes initial form	☐
2TT < 11.1	Recommend life style changes. Check again in 1 yr	☐

Do you suffer from hypertension?

Yes ☐ No ☐

When was it diagnosed? ☐☐☐☐ (year)

Who diagnosed it? Doctor ☐ MA ☐ Healer ☐ Other ☐

Are you using any drugs for hypertension?

Yes ☐ No ☐

Write drugs and doses

CONCLUSIONS	ACTION TO BE TAKEN
Reported diagnosis of hypertension ☐ and on anti-hypertensive drugs ☐	Complete hypertension patient follow-up record form ☐

Blood pressure reading (#2) ☐☐☐/☐☐☐ mmHg

Both blood pressure measurements (#1 & #2) ≥210 systolic *and/or* ≥120 diastolic ☐

Diabetic and blood pressure reading #1 or #2 ≥140 systolic *and/or* ≥90 diastolic ☐

Blood pressure reading #1 or #2 ≥160 systolic *and/or* ≥95 diastolic ☐

Blood pressure reading (#3) ☐☐☐/☐☐☐ mm Hg ☐☐/☐☐/☐☐ DATE

Blood pressure reading (#4) ☐☐☐/☐☐☐ mm Hg ☐☐/☐☐/☐☐

Readings #3 and #4 in hypertensive range ☐

Blood pressure readings <160/95 (or 140/90 if patient has diabetes) and age > 30 years ☐

Advise them to seek blood pressure check once a year ☐

NOTE: Only one action should be taken for each condition