

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

To be submitted by the Anganwadi workers

Report to be submitted for the month of _____ 2007/2008

Name of Anganwadi Worker: _____

Name of the Village: _____

Name of the District: _____

Name of the State: _____

Population covered in the area: _____

Number of cases identified	0-5 years		Total
	Male	Female	
Hearing Loss			
Ear Discharge			
Pain in Ear			
Speech Problem			
Grand total			

Number of children referred: _____

Referred to whom:-

- ➔ Multi Purpose worker _____
- ➔ Subcentre _____
- ➔ Primary Health Centre / CHC _____
- ➔ Distt. Hospital _____
- ➔ Medical College _____
- ➔ Pvt. Doctor _____
- ➔ Any other _____

Report to be submitted monthly to ANM / Multi Purpose Worker.

Signature _____

Name of AWW _____

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

To be submitted by the Multi purpose workers

Report to be submitted for the month of _____ 2007/2008

Name of MPW / ANM _____

Name of the Sub centre /PHC _____

Name of the District: _____

Name of the State: _____

Population covered: _____

Number of cases identified with	0-5 years			6-15 years			16-50 years			≥ 50years			Total
	M	F	T	M	F	T	M	F	T	M	F	T	
Hearing Loss													
Ear Discharge													
Pain in Ear													
Speech Problem													
Ear Trauma													
Grand Total													

Number of persons referred:

- ➔ Primary Health Centre / CHC _____
- ➔ Distt. Hospital _____
- ➔ Medical College _____
- ➔ Pvt. Doctor _____
- ➔ Any other _____

Report to be submitted monthly to PHC M. O. Incharge during monthly RCH meeting.

Signature _____

Name of MPW:- _____

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Report from PHC / CHC

Report to be submitted for the month of _____ 2007/2008

Name of PHC/CHC: _____

District: _____

State: _____

No of doctors at PHC trained by RCI _____

Number of cases examined with	0-5years		6-15 years		16-50 years		≥ 50 years		Tot al
	M	F	M	F	M	F	M	F	
Hearing Loss									
Ear Discharge									
Pain in Ear									
Speech Problem									
Wax									
Ear Trauma									
Grand Total									

➔ Number of Persons treated: _____

➔ Number of Persons referred: _____

Number of cases referred to:

SNo.	Places	Number
1	Distt. Hospital	
2	Medical College	
3	Pvt. Doctor	
4	Any other	
	Total	

Reasons for referral:

SNo.		Number of cases
	Surgical Treatment	
	Complications	
	Hearing Aid / Rehabilitation	
	Any other	

Report to be submitted to Distt. CMO by 7th of every month

Signature _____

Name of I/c of PHC: - _____

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

Report from School (Part 1)

To be filled by Coordinator Teacher

Name of the School: _____

Village / City: _____

District: _____

State: _____

Whether services of doctors available for screening of children: -

In Govt. Sector	YES / NO
In Pvt. Sector	YES / NO
Is school doctor present?	YES / NO
Number of children treated by school doctor	
If no any other facility where children have been treated?	

Age group	Number of the Children in the school		Number of children screened	
	M	F	M	F
5-10years				
≥ 11 years				
Total				

No. of children identified with	Age group 5-10 years	Age group ≥11
Hearing Loss		
Ear Discharge		
Pain in Ear		
Speech Problem		
Wax		
Ear Trauma		

No of cases referred to school doctor if available. _____

(_____)
Signature

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School Doctors Report (Part II)

Number of children screened: _____

Number of cases examined with	Male	Female
Wax		
CSOM		
Secretory OM		
ASOM		
Hearing loss		
Ear Trauma		
Any other		

Number of Children referred: _____

Number of cases referred to:

SNo.	Places	Number
1	Distt. Hospital	
2	Medical College	
3	Pvt. Doctor	
4	Any other	
	Total	

Signature of Principal / co- coordinator Teacher _____

Name and Address of School: - _____

Report to be collected by MPW's of the area from schools principal by the end of every month and submitted to PHC doctor.

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

DISTRICT LEVEL PROFORMA

Report to be submitted for the month of _____ 2007/2008

Name of the District: _____

Name of the Hospital: _____

Population of district: _____

No of cases examined with	0-5years		5-15years		15-50years		≥ 50 years	
	M	F	M	F	M	F	M	F
Deafness								
mild								
moderate								
severe								
profound								

Number of surgeries performed:

Surgery	Male	Female
Myringoplasty		
Tympanoplasty		
Myringotomy		
Grommet insertion		
Stapedectomy		
Mastoidectomy		

Referred for	Up to 14 years M / F		15- 50 years M / F		≥50years M / F	
Number of hearing aids fitted						
No. of persons referred for rehabilitation						

Report to be submitted by 15th of every month to state Nodal officer with copy to Room No.352 (A), Central Cell, National Programme for Prevention & Control of Deafness in Directorate General of Health Services, Nirman Bhawan, New Delhi.

(_____)
Prepared by

Signature _____

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

Name of District Hospital _____

ENT Surgeon- _____

DISTRICT LEVEL PROFORMA

Report to be submitted for the month of _____ 2007/2008

SCREENING CAMPS

Number of screening camps organized: _____

Number of patients screened in the camps: _____

No of cases screened	0-5years		5-15years		15-50years		≥ 50 years	
	M	F	M	F	M	F	M	F
Deafness								
mild								
moderate								
severe								
profound								

CSOM								
ASOM								
Secretory OM								
Wax								
Ear Trauma								
Speech Problems								
Any other								

(_____)
Signature of I/c of NGO

Name and Address of NGO _____

NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS

Performa to be sent by HOD ENT officers at Medical College level

Report to be submitted for the month of _____ 2007/2008

Name of the State Medical College: _____

Number of surgeries performed:

Surgery	Male	Female
Myringoplasty		
Tympanoplasty		
Myringotomy		
Grommet insertion		
Stapedectomy		
Mastoidectomy		

	0-5years		6-15years		16-50years		≥ 50 years	
	M	F	M	F	M	F	M	F
Number of hearing aids fitted								
No. of persons medically rehabilitated								
No. of persons referred for educational / vocational rehabilitation								

Report to be submitted by 15th of every month to programme Nodal officer in community health secretary with copy to Room No. 405 B, A wing, Nirman Bhawan, Central Cell, National Programme for Prevention & Control of Deafness in Directorate General of Health Services, New Delhi.

Signature _____

Name:- _____