

မကူးစက်နိုင်သောရောဂါ ရှာဖွေစစ်ဆေးခြင်းသုံးလပတ် အစီရင်ခံစာ (Quarterly NCD Screening Report)

ကျန်းမာရေးဌာနအမည်Year.....Quarter.....No. of Clinics - _____ = _____

UHC + SUHC + MCH + RHC + SRHC Total

| | Result of NCD Screening | | | | | | | | | | | | | | | | | Referral | | | | | | | | | | | | |
|--------|--|-------------------------|---------------------------------------|--------------------------------------|--|-------------|-----------|-------|---------------------|----|--|--------------|--|--|----------|-------------|-------------|-------------|-------|------|--------|------------------|----------|----------|--------|---------|--|--|--|--|
| | No. of screened patients (ရောဂါရှာဖွေစစ်ဆေးမှုခံယူသူပေါင်း) | No. of Smokers (B+C) | No. of chewing tobacco users (B+C) | No. of Heavy Alcohol Drinkers (C) | Body Mass Index Kg / m ² | | | | Screened Population | | | | | | CVD Risk | | | | | | | Suspected Cancer | | | | | | | | |
| | | | | | < 18.5 | 18.5 - 24.9 | 25 - 29.9 | ≥30 | Diabetes | | | Hypertension | | | < 10% | 10% - < 20% | 20% - < 30% | 30% - < 40% | ≥ 40% | Oral | Breast | Cervix | Township | District | Region | Central | | | | |
| | | | | | Known | New | No | Known | New | No | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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သားဖွားဆရာမ/လက်ထောက်ကျန်းမာရေးမှူး/
တိုက်နယ်ဆရာဝန်/မြို့နယ်ဆရာဝန်လက်မှတ်

ရက်စွဲ