## NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME M REGISTER- ASHA/ FTD

Name of the Block	Name of ASHA/AWW/Community Volunteer:	Name of the Reporting monthYearYear
Name of the Subcentre	Code No. of ASHA:	
Name of the Village		

				S	Sex (tick)	Result of slide Pf Pv															
SI. No./ Slide No.	Name of the Head of family	Name of the patient	Age*	М	F (write P if pregnant)	Date of RDT/ slide	Result of RDT [Pf (+/-)]		Pv (+/-)	Date of starting Treatment	Day 1 (As+SP+PQ)	Day	Day 3(As)	Day 1(CQ+PQ			Day 4- 14 (PQ)	Date of Completion of Treatment	Date of Referral	if Died Date / Place	Date of visit by supervisor (Remarks)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
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															-						
Totals		1	1			Total RDT +ve		<b>—</b>	_												
				* <u> </u>	7	Tota slide RD1	+		1									•			1
	Total suspected cases	s ( total M +F)				positi case															

<sup>\*</sup>Age in completed yrs for >=1 year; in completed months for less than 1yr.

## General Instructions:

All cases of suspected malaria seen by ASHAs/FTDs should be recorded in this form, irrespective of whether they are tested or treated.

Use a fresh form for each month. Start with patient number "1" at the beginning of the year and continue over the months. Use more than one sheet per month if needed. Mention sheet number. Cases that presented to you during the month should be included in that month's form, irrespective of when fever first appeared.

Patients who return with symptoms within one month of starting treatment should be referred. Patients returning with symptoms after one month should be considered as new cases, recorded, tested and treated if positive.

<sup>\*\*</sup>Slide No. will have SI No/ Provider code/Village Code/Sub centre code)