

CHEST Clinic Format 4: State level reporting format

(To be sent by 5th of each month by State Nodal Officer to NPCCHH HQ)

Date: _____

Reporting From: _____

To: _____

Name of State: _____

Name of State Nodal Officer: _____

Sl. No	Particular	#
1.	No. of District Hospitals in the State where CHEST Clinics established	
2	No. of Medical College Hospitals in the State where CHEST Clinics established	
3	Total No. of CHEST Clinics established in the State	
4	No. of Districts in the State where CHEST Clinics established	
5	No. of patients visited CHEST Clinics in reporting period	
6	No. of patients with history of exposure to Air Pollution in reporting period	
7	No. of patients in reporting period with history of exposure to air pollution admitted for treatment	
8	No. of patients provided risk-based counselling to reduce exposure in reporting period	
9	Remarks if any	