**PART: B**

**REPORT OF TOBACCO CESSATION CLINIC (TCC)**

**MONTH:**

**CENTER:**

**A: TOTAL NO.OF CLIENTS: Male: Female: 0**

**B: DISTRIBUTION OF CLIENTS ACCORDING TO AGE GROUP:**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGE GROUP** | **MALE** | **FEMALE** | **TOTAL** |
| **10 - 15** |  |  |  |
| **16 – 20** |  |  |  |
| **21 – 30** |  |  |  |
| **31 – 40** |  |  |  |
| **41 – 50** |  |  |  |
| **51 – 60** |  |  |  |
| **61 - 70** |  |  |  |
| **71 – 80** |  |  |  |
| **81 – 90** |  |  |  |
| **Total** |  |  |  |

**C: DISTRIBUTION OF CLIENTS ACCORDING TO TYPES OF ADDICTION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPES OF ADDICTION** | **New Clients** | **Existing Clients Followed up** | **TOTAL** | **Total No. of Counseling Sessions Given** |
| Male | Female | Male | Female | Male | Female | **TOTAL** |
| SMOKING |  |  |  |  |  |  |  |  |
| SMOKE-LESS |  |  |  |  |  |  |  |  |
| BOTH |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |

**D: FOLLOW UP DETAILS: ( )**

1. **NUMBER OF CLIENT’S FOLLOWED UP:**

**Male: Female: Total:**

1. **LOST TO FOLLOW UP:**

**Male: Female: Total:**

|  |  |  |
| --- | --- | --- |
| **Sl. no** | **Reason for Lost to Follow up:** | **Total no of Clients** |
| **1.** | **Does not own a phone/phone number** |  |
| **2.** | **Phone connectivity problem** |  |
| **3.** | **Does not pick up calls** |  |
| **4.** | **Not reachable (out of station/number change)** |  |
| **5.** | **Other…….** |  |

1. **REDUCED USE RATE:**

**Male: Female: Total:**

1. **QUIT RATE:**

**Male: Female: Total:**

1. **RELAPSE RATE:**

**Male: Female: Total:**

**E: CUMULATIVE FIGURE: ( )**

|  |  |
| --- | --- |
| **No of Clients (M/F)** | **Addiction Type** |
| Male | Female | Total | Smoke form | Smokeless form | Both(S&SL) |
|  |  |  |  |  |  |

**F: Total No. of FGD conducted:**

**H. TB – Tobacco Collaboration –**

|  |  |  |
| --- | --- | --- |
| 1. No. of persons screen for the TB Symptoms complex referred to DOTS center
 |  |  |
| 1. No. of persons found positive for the TB Symptoms complex and referred to nearest Designated Microscopic Center
 |  |  |
| 1. No. of registered TB patients referred to TCC for Tobacco Cessation Counseling after giving “Brief Advise”
 |  |  |

**H. Cross Referral –**

|  |  |
| --- | --- |
| **From** | **To**  |
| **NCD -**  | **NCD -** |
| **Dental -**  | **Dental** |
| **OPD -**  | **OPD -** |
| **Mental Health -**  | **Mental Health -** |
| **Any Other -** | **Any Other -**  |

1. **No. of Pharmacotherapy stocks –**

**J. Other Activities –**