



# Questionnaire B2



## Form for Leprosy: Association / Hospital / Leprosarium

This Questionnaire is for collecting data about different activities of medical care & rehabilitation related **only** to **leprosy affected persons** (both persons taking MDT and those who have finished specific anti-leprosy treatment).

Data about other persons **should not be** filled in this form.

| Project No.                                                                                                                                            | Project name                                                                    | Reporting Year      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------|
|                                                                                                                                                        |                                                                                 |                     |
| <b>Cumulative data about all the RFT cases (ex-patients)</b>                                                                                           |                                                                                 | <b>Total Number</b> |
| 201 During last year how many total patients and ex-patients came to your centre for problems related to complications of leprosy. (Important to fill) |                                                                                 |                     |
| <b>Information about the medical &amp; rehabilitation services provided during the reporting year</b>                                                  |                                                                                 |                     |
| 202                                                                                                                                                    | Total number of persons treated for eye related problems & eye surgeries        |                     |
| 203                                                                                                                                                    | Total number of persons treated for neuritis & reactions                        |                     |
| 204                                                                                                                                                    | Total number of persons who received care or dressings for foot ulcers & wounds |                     |
| 205                                                                                                                                                    | Total number of persons who received information & support for self-care        |                     |
| 206                                                                                                                                                    | Total number of persons who received physiotherapy                              |                     |
| 207                                                                                                                                                    | Total number of persons who received crutches, wheel chairs or appliances       |                     |
| 208                                                                                                                                                    | Total number of surgical operations performed (excluding eye surgery)           |                     |
| 209                                                                                                                                                    | Total number of persons needing protective footwear in the project              |                     |
| 210                                                                                                                                                    | Total number of persons who received footwear during the year                   |                     |
| <b>Information about persons living in leprosy village or old leprosarium under the project</b>                                                        |                                                                                 |                     |
| 211                                                                                                                                                    | Total number of persons living in leprosy village or leprosarium                |                     |
| 212                                                                                                                                                    | Among 211 total number of leprosy affected persons                              |                     |
| <b>Information about any Associations of persons affected with leprosy in your project area</b>                                                        |                                                                                 |                     |
| 213                                                                                                                                                    | Is there an association of leprosy affected persons in project area (yes/No)    |                     |
| 214                                                                                                                                                    | If the answer to 213 is yes, how many persons are members of this association   |                     |
| <b>If your project has many clinics, centres, leprosariums or hospitals, fill separate form for each.</b>                                              |                                                                                 |                     |