**Information collected in the Medical Record**

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| **Project registration number:** | **Medical record number:** | **Date of collection:****\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **General data** |
| **Patient's name:****Zone: 1.urban 2.rural** **Unit: 1.Good Samaritan 2.PSF**  |
| **Patient Identification** |
| **Q 1** | **Sex** |  |
| **Q 2** | **Date of birth** |  |
| **Q 3** | **Race** |  |
| **Q 4** | **Education** |  |
| **Q 05** | **Diagnosis Occupation** |  |

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| **Clinical and Epidemiological Characteristics of Leprosy** |
| **Q 06** | **Input mode** |  |
| **Q 07** | **New case detection mode** |  |
| **Q 08** | **Number of skin lesions** |  |
| **Q 09** | **Clinical Form (Madrid)** |  |
| **Q 10** | **Operational Classification** |  |
| **Q 11** | **Number of nerves affected in the diagnosis** |  |
| **Q 12** | **Bacilloscopy** |  |
| **Q 13** | **Therapeutic scheme** |  **1.PQT/PB/6 months** **2.PQT/MB /12 months**  **3.Other substitute schemes** |
| **Q 14** | **Date of diagnosis** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Q 15** | **MDT start date** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Q 16** | **End date of MDT** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Q 17** | **Release date due to cure** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Q 18** | **Start date of signs and symptoms** |  |
| **Q 19** | **Leprosy reaction during treatment?** | **1. Yes****2. No****9. Do not know** |  **Reaction type:****1.Type I 2.TypeII 3.Neuritis****4. had no reaction****9. Do not know** |
| **Q 20** | **Leprosy reaction after release due to cure?** | 1. **Yes 2. No**

**9. Do not know** | **Reaction type:****1.Type I 2.TypeII 3.Neuritis****4. had no reaction****9. Do not know** |
| **Q 21** |  **Did you receive a medical certificate for treatment?** **1. Yes 2. No 9.Do not Know** | **Date of the certificate:****\_\_\_\_/\_\_\_\_/\_\_\_\_\_** | **Clearance time****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 22** | **Received medical certificate after release for cure?** **1. Yes 2. No 9.Do not Know** | **Date of the certificate:****\_\_/\_\_\_\_/\_\_\_\_\_** | **Clearance time****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q23** | **Did you rest during the treatment?** **1. Yes 2. No 9.Do not Know** | **In what location?** |
| **Q24** | **Complaints during treatment?****1. Yes 2. No 9.Do not Know** | **Which are?** |
| **Q25** | **Were laboratory tests requested?****1. Yes 2. No 9.Do not Know** | **Which are?** |
| **Q26** | **Laboratory changes?****1. Yes 2. No 9.Do not Know** | **Which are?** |
| **Q27** |  **Change in medication regimen?** **1. Yes 2. No 9.Do not Know** | **Which are?** |
| **Q28** | **Other medications prescribed?** **1. Yes 2. No 9.Do not Know**  | **Which are?** |
| **Q29** | **Post-release complaints from treatment?****1. Yes 2. No 9.Do not Know** | **Which are?** |
| **Q30** | **Contact exams?****1. Yes 2. No 9.Do not Know** | **How many examined** |
|  |  |
| **Q34** | **1. Yes 2. No 9.Do not Know**  | **Kinship** |
| **Assessment of the Degree of Physical Disability** |
| **Q35** | **Degree of disability in diagnosis** | **1. Grade 0 2. Grade 1 3. Grade 2 4. Not rated** **Date of the certificate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Q 36** | **Degree of disability at release from treatment** | **1. Grade 0 2. Grade 1 3. Grade 2 4. Not rated** **Date of the certificate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |

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# Information collected with the Patient (Interview)

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| ***Interview date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*** |
| ***Income Conditions*** |
| **Q 37** | **Marital Status** |  |
| **Q 38** | **Current schooling** |  |
| **Q 39** | **Do you perform a paid activity after the occurrence of the disease?** | 1. **Yes**
2. **No**

**Which one:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 40** | **How many people live with you?** | **Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 41** | **Family income** | 1. **no income R$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Q 42** | **Do you usually drink alcohol?** | 1. **Yes 3. Do not drink**
2. **No**
 |
| **Q 44** | **How much money do you make in a month?** | 1. **No income**
2. **R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Q 45** | **Did you have to change of services after the disease occurrence?** | 1. **Yes**
2. **No**

**What was your occupation:\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 46** | **Do you started to receive some government benefit after the disease occurrence?** | 1. **Yes**
2. **No**

**Which one:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 47** | **Do you feel guilty (upset with yourself) for the way you usually drink?** | 1. **Yes**
2. **No**
 |
| ***Clinical and Epidemiological Characteristics of Leprosy*** |
| **Q 48** | **When the symptoms of the disease started?** | **Approximate time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 49** | **Time between onset of symptoms and start of treatment** | **Approximate time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 50** | **Have you ever felt that you should decrease the amount of drink or stop drinking?** | 1. **Yes 3. Do not drink**
2. **No**
 |
| **Q 51** | **Did you have leprosy reactions during treatment?** | 1. **Yes**
2. **No 3. Do not know**
 |
| **Q 52** | **Did you were remove from work during the period of leprosy reactions in the treatment?** | 1. **Yes**
2. **No**

**For how long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 53** | **Did you have leprosy reactions after release from MDT?** | 1. **Yes**
2. **No 3. Do not know**
 |
| **Q 54** | **Did you were remove from work during the period of leprosy reactions after release from MDT?** | 1. **Yes**
2. **No**

**For how long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q 55** | **Did you receive orientation on preventing disability at release?** | 1. **Yes**
2. **No**
 |
| **Q 56** | **What orientation did you receive at release?** | 1. **Inspection of the eyes for redness**
2. **Orientation of the importance of blinking the eyes frequently**
3. **Wearing sunglasses**
4. **Use of eye drops**
5. **Inspection of hands and feet for signs of wounds**
6. **Hydration and lubrication**
7. **Dressings**
8. **Plastered splints**
9. **Shoes modification**
10. **Use of a dorsiflexor device**
11. **Resting**
12. **Performing exercises**
 |
| **Q 57** | **Do people annoy you because they criticize the way you are drinking?** | 1. **Yes 3. Do not know**
2. **No**
 |
| **Q 58** | **Did you experience any of the following symptoms after being released for a cure:** | 1. **Dry / stuffy / bleeding nose**
2. **Red / dry / itchy / sore eyes**
3. **Pain in the limbs**
4. **Weakness in the limbs**
5. **Tingling**
6. **Losing the slipper**
7. **Have / had been injured**
 |
| **Q 59** | **When symptoms of complications started after release from MDT?** | **Time in months approximately:\_\_\_\_\_\_\_\_** |
| **Q60** | **Did you have any problem during the treatment?** **1. Yes 2. No** | **Which problems?** |
| **Q61** | **Were requested laboratory tests? 1. Yes 2. No** | **Which one?** |
| **Q62** | **Did you have problems in the exams?** **1. Yes 2. No** | **Which one?** |
| **Q63** | **Did you have to change your medicine?** **1. Yes 2. No** | **Which one?** |
| **Q64** | **Did you receive another medicines?** **1. Yes 2. No** | **Which one?** |
| **Q65** | **Did you have problems after de release from the treatment?** **1. Yes 2. No****Date:** | **What post-release problems?** |
| **Q66** | **Were your relatives examined?** **1. Yes 2. No** | **How many relatives were examined?** **How many relatives were not examined?** |
| **Q67** | **Did the parents have the presence of vaccine scar (BCG)?** **1. Yes 2. No** | **How many had the scar?****How many did not have the scar?** |
| **Q68** | **How many with one scars?** |  |
| **Q69** | **How many with two scars?** |  |
| **Q70** | **Did the contacts have leprosy?** **1. Yes 2. No** | **Degree of kinship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Q71** | **What does mean cure for you?** |  |
|  |  |  |
|  |  |  |
| **Q72** | **Do you feel cured of leprosy?** | **1. Yes 2. No** |
|  | **Why?** |  |
|  |  |  |

**Physical Evaluation of the Patient**

**Assessment of Disability Degree in Post-release due to Cure**

**DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Name of the Pacient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday: \_\_\_/\_\_\_\_/\_\_\_\_ Age in the date of evaluation:\_\_\_\_\_\_**

|  |
| --- |
| **Inspection and assessment of sensitivity in hands and feet** |
| **Right Hand** | **Left Hand** | **Right Foot** | **Left Foot** |
| **R** | **L** | **Number of nerves affected** | **R** | **L** | **Number of nerves affected** |
|  |  | 1. **None nerve affected**
 |  |  | 1. **None nerve affected**
 |
|  |  | 1. **One nerve affected**
 |  |  | 1. **One nerve affected**
 |
|  |  | 1. **Two nerves affected**
 |  |  | 1. **Two nerves affected**
 |
|  |  |  |  |  | 1. **Three nerves affected**
 |

**Classification of the Grade of Physical Disability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade** | **Eyes** | **Hand** | **Foot** |
| **Signs and / or symptoms** | **R** | **L** | **Signs and / or symptoms** | **R** | **L** | **Signs and / or symptoms** | **R** | **L** |
| **0** | **No problem with the eyes** |  |  | **No problem with the hand** |  |  | **No problem with the feet** |  |  |
| **1** | **Decrease or loss of sensation** |  |  | **Decrease or loss of sensation (do not fell 2g)** |  |  | **Decrease or loss of sensation (do not feel 2g)** |  |  |
| **2** | **Logophthalmos and / or ectropion** |  |  | **Trophic injuries and / or traumatic injuries** |  |  | **Trophic injuries and / or traumatic injuries** |  |  |
| **Trichiasis** |  |  | **Claws** |  |  | **Claws** |  |  |
| **Central corneal opacity** |  |  | **Reabsorption** |  |  | **Reabsorption** |  |  |
| **Visual acuity less than 0.1 or do not count fingers in a distance of 6 meters** |  |  | **Fallen hand** |  |  | **Fallen foot** |  |  |
| **Ankle contracture** |
|  | **Highest grade** |  |  | **Highest grade** |  |  | **Highest grade** |  |  |
| **Grade of Physical Disability**  | 1. **Grade 0 2. Grade 1 3. Grade 2**
 |