**Questionnaire on the availability of material resources for eye health care**

1. Personal information

1. Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Health Care Facility information

1. Health Care Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Health Care Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Location of the Health Care Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Below is the essential equipment list to carry out eye health care. Mark with an “X” the existing and operational equipment in your Health Facility.

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| Equipment | Mark with "X" to confirm the existence |
| 1. Autorefractor |  |
| 1. Lensometer |  |
| 1. Streak retinoscope |  |
| 1. Visual acuity test (near) |  |
| 1. Visual acuity test (distance) |  |
| 1. Trial frame |  |
| 1. Trial lens set |  |
| 1. Slit lamp biomicroscope |  |
| 1. Fundus lens |  |
| 1. Indirect ophthalmoscope |  |
| 1. Direct ophthalmoscope |  |
| 1. Ultrasonography (A or A/B scan) |  |
| 1. Keratometer |  |
| 1. Schiotz tonometer |  |
| 1. Applanation tonometer |  |
| 1. Gonio lens |  |
| 1. Operating microscope |  |
| 1. Vitrectomy Machine |  |
| 1. Cataract surgical set |  |
| 1. Binomag Loupe Binocular |  |
| 1. Visual field analyser |  |
| 1. Optical Coherence Tomography |  |
| 1. YAG laser |  |
| 1. ARGON laser |  |
| 1. Trabeculectomy Set |  |
| 1. Non-Mydriatic Fundus Retinography |  |
| 1. Pen torch |  |
| 1. Hand magnifying lens |  |
| 1. Epilation forceps |  |
| 1. Surgical set for trachomatous trichiasis |  |