**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
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| 1. Pen torch
 |  |
| 1. Hand magnifying lens
 |  |
| 1. Epilation forceps
 |  |
| 1. Surgical set for trachomatous trichiasis
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