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APPENDICES

APPENDIX 1

INFORMATION SHEET

To the Respondents,

My name is Anil Sherchan. I am studying for my Master's degree in the field of Health Systems Development at the College of Public Health, Chulalongkorn University, Bangkok. My thesis topic is "Severity of eye injury and treatment-seeking behavior among adult patients in an eye hospital, Nepal". I would like to ask for your cooperation in completing this questionnaire about your opinion regarding treatment-seeking behavior at the time of eye injury and the factors affecting that behavior. This questionnaire is divided into six sections. It will take about 20 minutes.

Your cooperation at this time will help to understand the problems encountered while seeking treatment and guide us to develop appropriate interventions to solve the problem. However, your participation is voluntary. You are free to refuse to participate, or to withdraw from the research process at any time. You have the rights to disagree to participate and it is guaranteed that you can quit your participation at any time without any penalty even after you have participated in this study. All information and data will be kept securely and will be made available only to the concerned persons. A ID number, and not your name, will store your information. When we present or publish papers from this study, none of you will be identified. If you have any problems with this questionnaire, please do not hesitate to ask for help. Thank you for giving time to answer this questionnaire. I can be reached by phone (520265) at my hospital.

Anil Sherchan The College of Public Health, Chulalongkorn University

Informed Consent

ID Number of patient

I agreed to participate in this research on "Severity of eye injury and treatment-seeking behavior among adult patients in an eye hospital, Nepal" as a participant. The procedures I agreed are the followings: i) I will be asked few questions by an interviewer about my eye injury treatment-seeking behavior ii) I will be examined by investigator to record the status of eye injury.

I have given this consent voluntarily after I have been fully explained about the confidentiality to protect my privacy and the experimental procedure. I understand the potential benefits of the investigation for myself, the community and for Nepal. Also, I understand that the data obtained in this study will be used in a manner to maintain confidentiality and personal rights.

Finally, I know that I can withdraw my consent and discontinue the participation at any time without any penalty to me.

Participant signature	
Date:	

APPENDIX 2

The College of Public Health, Chulalongkorn University

Treatment seeking behavior study of eye injury

Questionnaires

ID Number of patient	
Part I: Socio-demographic factors	
Explanation: Put / check in the box, or fill in the blank for the	For researcher
following question as apply to you.	
1. Age:Years	V1 🗆
2. Sex:	V2 🗆
□1. Male □2. Female	
3. Nationality	V30
□1. Nepali □2. Indian □3.Others	
4. To which caste/ethnic group do you belong?	V4□
□1. Brahmin □ 2.yadav/teli/kurmi	
□ 3. Chhetri □4. Newars	
□ 5. Magar □.6. Tharu	
□ 7. Rajbansi □ 8. Muslim	
□ 9. Limbu □ 10. Sherpa	
5. What is your marital status?	V50
□1. Unmarried □2. Married	
□3. Widowed □ 4.Divorced	
6. What is your highest educational status?	V6 🗆
\Box 1. Never attend school \Box 2. Informal education	
□ 3. Primary (1-5 grade) □ 4. Secondary (6-10 grades)	
\Box 5. Higher secondary and more	

7. What is your main occupation	1?	V7 🗆
□1. Farmer	□ 2. Farm laborer	
□3. Manual laborer	□ 4. Factory worker	
□ 5. Housewife	□ 6. Government service	
7. Private/ NGO/INGO	□8. Students	
□ 9. Business	□ 10. No work	
□11. Other specify		
8. What is your monthly family i	ncome?	V8 🗆
□1 Monthly/yearly income	□2. No income	
\Box 3. Not stated		
Part II: Knowledge/information	about cause, symptoms, protection,	
treatment and complicat	ions of eye injury	
1. What are possible causes of ey	e injury? (May check more than one)	KII 🗆
\Box 1. fist/ball injury to the eye		
\Box 2. Branch, leaf, sticks injury to th	e eye	
□3. Injury due to fall or accident		
\Box 4. Fall of acid or alkali to the eye		
□5. Injury due to flying object, spa	rk, heated objects	
2. What are the symptoms of eye	injury? (May check more than one)	KI2 🗆
□1. Pain in the eye		
□2. Watering of eye		
□3. Irritation of eye		
□4. Visual disturbance		
3. If some foreign body falls in yo	our eye, what would be your immediate	KI3 🗆
protective reaction? (May che	ck more than one)	
□1. Wash your eye with clean wate	r	
\Box 2. Protect your eye from farther h	arm	
□3. Seek treatment from nearest pr	imary care center/eye hospital	

4. Can you	protect yourse	If from eye injury?					
□1. Yes	□ 2.No						
5. What are	the eye protec	ctive devices? (May check more than one)	KI4 🗆				
□1. Goggle	2S						
□2. Eyegla	SS						
□3. Face sl	nield plastic						
□4. Facem	ask or face wrap)					
6. If you su	stain a eye inju	ry where would you go for					
treatmen	t?		KI5 🗆				
□1. Traditi	onal healer						
□2. Eye ho	spital/Primary c	care facility					
7. In your o	pinion, can eye	e injuries be prevented?	KI6 🗆				
□Yes	🗆 No						
8. Is preve	ntion of eye inj	ury better than cure?	KI7 🗆				
□ Yes	□ No						
9. Can a co	mplication of e	ye injury lead to a visual loss/blindness?	KI8 🗆				
□Yes	🗆 No						
Part III: Ti	eatment seekir	ng behavior of eye injury patient					
1. From wh	om did you fir:	st seek treatment after sustaining eye injury?	B1 🗆				
□1. Traditio	nal healer						
🗆 2. Near by	pharmacy shop)					
□3. Primary care facilities including primary eye care center							
□4. Private	practitioners (ge	eneral doctor/ophthalmologist)					
□5. Eye hos	pital						
2. Within w	hat duration d	id you consult for treatment in the eye					
hospital			B2 🗆				
□ Duration	n hour's	🗆 days					

Part IV: Risk Perceptions about likelihood estimates and severity estimates of eye injury

	Statement	Yes	Do not	No	Coding
		(1)	know	(3)	
			(2)		
a.	Minor eye injury is not a serious matter, it is				RPa 🗆
	most of the time self recovered				
b.	Everybody is at risk of acquiring eye injury				RPb□
c.	Farmers, farm/factory laborer are more	*			RPc□
	susceptible to eye injury				
d.	Eye injury is a serious condition and one must				RPd□
	give attention to it				
e.	Eye injury causes pain, suffering and				RPe□
	depression				
f.	Eye injury can become severe if it is not				RPf□
	treated in time				
g.	Proper measures if undertaken can control the				RPg 🗆
	eye injury				
h.	Complications of eye injury does not lead to				RPh□
	visual loss and blindness				
i.	Visual disability cause loss of jobs and socio-				RPi□
	economic deprivation				

Indicators of Risk Perception statement

Part V: Source of information abou	it eye care providers and eye hospital				
through which patient dec	cides where to seek treatment				
1. What were the sources of informa	tion that helped you to visit eye hospital?	SI1			
□1. Television	□ 2. Radio				
□3. Former patient	□ 4. Friends				
□ 5. Family member's	□ 6. Pharmacy				
□ 7. Traditional healer's	□ 8. Private practitioner				
□9. Primary care facilities	□ 10 Others (specify)				
2. Did you come to hospital by your	self or any of the first care providers	SI2□			
refer you here?					
□1. Self	□2. Pharmacy/private practitioner				
□3. Former patient	□4. Family members				
□ 5. Traditional healer	□ 6. Primary care facility				
Part VI: Accessibility to the eye hos	pital				
1. How did you travel from home to	the eye hospital?	A1D			
□1. On foot	□2. Own vehicle				
□3. Bus	□4. Bicycles				
□5. Rickshaw	□6. Others (specify)				
2. How far is the eye hospital from your home?km					
3. How long is the travel from your	home to eye hospital (one way)?	A30			
hrsday					
4. How much you pay for traveling	cost?NRs	A4□			

APPENDIX 3

Eye Injury Report Form

Instruction:

Following are the instruction on how to carry out general information inquiry, clinical examination and treatment of eye injury patients. Please adhere to it.

(1) In the case of true emergency (e.g. chemical burn, thermal burn) start immediate treatment. General information and clinical examination should be assessed after the treatment.

(2) If the patient needs immediate surgery (e.g. perforating injuries, corneal rupture, scleral rupture), first of all perform brisk clinical examination and post him/her directly to the operation theater. General information should be assessed after the surgery.

(3) In the mild and moderate cases of injuries, whenever applicable record the visual acuity of both eye (RE), (LE), and then initiate the treatment followed by inquiry of general information.

(4) Whenever applicable all injury cases must undergo slit lamp examination of the anterior segment of the eye.

(5) If the posterior segment pathology is suspected (e.g. macular/retinal damage, vitreous pathology) assess the visual acuity without and with pinhole then dilate both eye with weak dilating agent for examination by indirect ophthalmoscopy.

Please fill this form after taking care of the eye injury patients.

Injured patient	information	ı I	ID Number of patient								
1. Name			VA (Visua	l acuit	y)) OD	OS					
2. Sex	Male	Female	Age	<u> </u>	years						
3. Date of injur	y (day/mo/y	/ear) _	/	_/							
4. Time of inju	ry										
5. Nationality											
6. Occupation											

- 7. Part of injured (Check all that apply)
 - () Eyeball, one eye
 - () Eyeball, both eyes
- () other tissue around eye
- () Bone, eye socket () other
- 8. Source of injury

() Eyelid

- () Chemicals and chemical product (includes wet/dry cement)
- () Furniture and fixtures (includes wall/floor/window coverings)
- () Machinery
- () Persons, plants, animals
- () Tools, instrument and equipments
- () Vehicles
- () other sources

9. At the time of the injury was the subject wearing any of the following items; prescription, contact lenses, sunglasses, or safety eye and face protection (e.g. safety glasses, goggles, face shield, welding helmet)

() Yes () No () Unknown

10. Grading of severity of eye injury (please mark the following description)

(i) Open globe injury

(ii) Closed globe injury

Mild	Moderate	Severe
Ecchymosis	Lid laceration	Corneal ulcer
Sub-conjunctival hemorrhage	Traumatic cataract	Penetrating foreign body
Superficial foreign body	Iridodialysis	Corneal rupture
Conjunctival tear	Corneal foreign body	Iris prolapse
Excoriation/abrasion of lid	Traumatic uveitis	Dislocated lens
	Corneal abrasion	Scleral rupture
		Macular/retinal damage
		Orbital fracture

Ocular burns (Thermal) (Chemical burns)

Mild

- () haziness of cornea
- () injection of conjunctiva and cornea
- () intraocular pressure normal

Moderate

- () corneal opacity
- () blurring of iris details
- () minimal ischemic necrosis of conjunctiva and cornea (partial blanching)
- () intraocular pressure may be elevated

Severe

- () marked corneal edema and haze
- () blurring of papillary outline
- () blanching of conjunctiva and sclera (marked whitening of the external eye)
- () intraocular pressure may be elevated

Thank you for your assistance in helping prevent eye injuries.

Activities/ Months		Nov			D	ec			J	an			F	eb			M	ar			ŀ	\pr		N
Review	~	~	~	~	~	~														-				
information																								
Meeting with	~	-	~	~	~	1	 ✓ 	~	-							~	~	~	>	~	~	~	>	
advisor														1						1				
Writing Proposal	~	~	~	~	~	~								1										
Submit and								1		~										-		-		+
Exam proposal														-										
Correction and		1								~	~			1										
resubmit the																					1			
proposal																								
Data collection											[~	~	~	~	~	-						_	
Data entry							1	1	1		1			1			~	~						t
/analysis																			100		1			
Report writing													<u> </u>	1				~	~					
Submit draft								1			1								~					
report						ļ																		
Develop final								i –											~		<u> </u>			<u>├</u>
draft and submit						}					1													
Defend the thesis																				~	-		_	
Develop final								<u> </u>			1									-	~	~	~	
thesis report																								

Timeline for developing research proposal and thesis

Budget for research

Activities	Cost (Rupees)
1. Questionnaires typing	1,000
2. Photocopying of questionnaires, report form,	4,000
information sheet, informed consent	
3. Training of interviewers and data entry assistants	5,000
4. Data Management (Programming, data entry, coding,	12,000
recording)	
5. Transportation	5,000
6. Stationery	1,000
3. Thesis preparation	10,000
Total	32,500

Map of the study site



CURRICULUM VITAE

Name:	Dr. Anil Sherchan
Date of birth:	17.02.1960
Professional qualification:	M.B.B.S.
	University of Novisad,
	Yugoslavia (1982-1889)
	PG D.O.
	Tamilnad Dr. MGR Medical University
	Aravind Eye Hospital and Post-Graduate
	Institute of Ophthalmology, Madurai,
	India (1997-2000)
	Completed the Requirements for the MPH
	degree at Chulalongkorn University in April,
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Current position:	Outreach Director
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