### APPENDIX 5.1

**FACTORS IN THE DISTRIBUTION AND CONTROL OF LEPROSY**

**IN VADODARA DISTRICT**

(A STUDY IN THE MEDICAL GEOGRAPHY)

**SCHEDULE FOR DIFFERENT TYPE OF CASES IN VADODARA DISTRICT**

<table>
<thead>
<tr>
<th>Schedule Number</th>
<th>Card Number</th>
<th>Name of the Taluka</th>
<th>Name of the Village/Town/City</th>
<th>Type of Place</th>
<th>Type of Case</th>
<th>Place of Interview</th>
<th>Name of the Respondent</th>
<th>Address of the Respondent</th>
<th>Name of the Investigator</th>
<th>Time Started</th>
<th>Time Completed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

**For Office use only**

(For PhD Thesis)

Department of Geography, Faculty of Science.
M.S. University of Baroda.
VADODARA, PIN 390 002.
PERSONAL BACKGROUND (HISTORY)

A-1 Age (in complete years): ____________ Years

A-2 Sex 1. MALE 2. FEMALE

A-3a Are the Following living with you?
9. Others (Specify) ____________________

A-4 Type of Family 1. JOINT 2. NUCLEAR

A-5a Family income in Rs. ____________ Month
b. Total number of family members MALE ________ FEMALE ________
c. Number of earning members ________

A-6 Marital Status 1. Unmarried/Bachelor 2. Married
3. Widow/Widower 4. Divorced
5. Separated

A-7 Community/Caste ____________________


A-9a Education 1. Literate (Go to b) 2. Illiterate (Go to A10)
4. UnderGraduate 5. Graduate
6. Post-Graduate 7. Special Training/Course
8. ________

A-10a Occupation 1. Temporary 2. Permanent (See Code below)
b. Presently Main Secondary

A-11a Type of Work 1. Skilled 2. Unskilled
b. Place of work ____________________
c. Distance from residence to work place ________ Km

d. Numbers of hours worked/day at work place ________ Hrs.

e. Numbers of years in present occupation ________ YEARS

f. Numbers of years in previous occupation ________ YEARS
MEDICAL HISTORY
(Noe: WITH THE HELP OF MEDICAL OFFICER/LEPROSY)/ANY EXPERIENCED PERSON FOR THIS PARTICULAR SECTION)

B-1 (Ask previous history) Have you been suffering from
5. Jaundice 10. Asthma 15. B.P. High/Low

77 Others (Specify): __________

B-2. Have you taken BCG vaccination?
1. YES (Go to B-2b) 2. No. (Go to B-3)

b. When did you took it? (PROBE IT)
1. Before acquiring leprosy 2. After acquiring leprosy

B-3a. Observe the type of leprosy & relate it with immune System (Encircle the numbers)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Clinical Manifestation of Leprosy</th>
<th>Immunity of patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>None (No infection)</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>2.</td>
<td>None (Sub-clinical infection)</td>
<td>GOOD</td>
</tr>
<tr>
<td></td>
<td>Showing spontaneous regression</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pulmonary Leprosy (PB)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Intermediate Leprosy (I)</td>
<td>FAIR</td>
</tr>
<tr>
<td>5.</td>
<td>Primary neuritic Leprosy (PN)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Tuberculoid Leprosy (TB)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Borderline-tuberculoid Leprosy (BL)</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>MULTINUCILLARY LEPROSY (MB)</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Mid-borderline Leprosy (BB)</td>
<td>POOR</td>
</tr>
<tr>
<td>10.</td>
<td>Borderline-Lepromatous Leprosy (BL)</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Lepromatous Leprosy (LL)</td>
<td>Very Poor/None</td>
</tr>
</tbody>
</table>

* Asymmetric nerve involvement with no skin lesion and
b. observe which part of the body is affected?

77. Others (Specify):

B-4 Verify deformities occurring in the leprosy patient.

- **FACE**
  1. Mask face (Facies Lemina)
  2. Sagging Face (Lagophthalmos)
  3. Loss of eyebrow (Superciliary Madarasis)
  4. Loss of eyelashes (Ciliary Madarasis)
  5. Coma1 Ulcer & Opacities
  6. Nose perforated/Depressed
  7. Ear deformities (Nodule on ear/elongated lobules)

- **HAND**
  7. Contract

- **FEET**
  4. Clawing of the toos  5. Absorption of the toos

- **Other deformities**
  1. Gynacomastia (Breast)
  2. Perforation palate
  3.
  4.
  5.

B-5a. (Observe/ask) which nerve is affected?

4. Lateral popliteal Nerve  5. Facial Nerve
6. Posterior tibial nerve  7. Great Articular

b. Which part of the body has Anaesthesia?

B-6. Observe the skin lesion & Nodule?

a. Macular Lesion (Flat):  1. YES  2. NO
b. Infiltrated (Raised):  1. YES  2. NO
c. Nodular (Nodule):  1. YES  2. NO

d. (if yes, for Nodule) Ask to state the number

e. (if Yes, for Nodule) When did it occur?

1. Before treatment  2. After treatment

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R-3.a. What type of treatment have you undergone?

1. CHEMOTHERAPY  2. MDT  3. IMMUNOTHERAPY

b. Did you take medicine regularly?

1. YES (Go to B7 d)  2. No

c. If No give reasons

1. 
2. 
3. 

d. Is the treatment effective?

1. YES  2. No (Go to B7 g)

e. Give reasons

1. 
2. 
3. 
f. Does it happen to you that in spite of taking medicine regularly your condition does not improve?

1. YES (Go to B7 g)  2. No (Go to B8)

B-7g. If yes, ask the reasons from either patient or Doctor.

1. 
2. 
3. 

B-8.a. What type of medicine you have been given?

1. DIAMOX  2. RIFAMPICIN  3. CLOFAZIMINE
4. 
5. 
6. 

b. Have you undergone any side effect after taking these drugs? (PROBE IT)

1. YES (Go to B8c)  2. No (Go to B9)

c. If RIFAMPICIN:

1. Flushing or pruritus on the face and scalp
2. Pain in the abdomen sometimes vomiting, diarrhoea
3. Fever, chills, Malaise, headache, bone or joint (FM)
4. Shortness of breath, renal failure and shock
5. Purpura, acute hemolytic anaemia
6. Liver failure, high risk of hepatitis
7. Reddish coloration of urine
If CLOFAZIMINE

1. Skin change viz. discoloration, reversible etc.
2. Diarrhoea, pain in abdomen
3. Change in the eye conjunctival pigmentation

If DAPSONE

1. Hemolytic Anaemia
2. Agranulocytosis
3. Dapsone sensitivity
4. Fixed drug eruption

IF

1.
2.
3.

(NOT FOR HOSPITALIZED PATIENTS)

d. From where do you take Medicine?
   (1) PHC (2) ULC (3) LUC (4) Govt. Hospital
   (5) Dispensary (6) DIO (7) OTHER

If the sulfur is taking medicine at far place
ask the reason.

1.
2.
3.

B-9 Give grade to the Patient?

<table>
<thead>
<tr>
<th>GRADE</th>
<th>HAND &amp; FEET</th>
<th>EYES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No anaesthesia, visible</td>
<td>Or No eye problem due to Lep</td>
</tr>
<tr>
<td></td>
<td>deformity or damage</td>
<td>No evidence of visual def</td>
</tr>
<tr>
<td>1</td>
<td>Anaesthesia present, no</td>
<td>Eye problem due to leprosy</td>
</tr>
<tr>
<td></td>
<td>visible deformities</td>
<td>present.</td>
</tr>
<tr>
<td>2</td>
<td>Visible deformity or</td>
<td>Sever visual important</td>
</tr>
<tr>
<td></td>
<td>damage present</td>
<td>(unable to count finger)</td>
</tr>
</tbody>
</table>
SECTION - III

KNOWLEDGE AND AWARENESS

C-1 What is your beliefs about this diseases? (PROSE IT)

1. Hereditary diseases -
2. Punishment from God -
3. Contact disease -
4. Just like other disease -
5. 
6. 
7. 

C-2 In your opinion how does this disease spread?

1. Close contact with infectious person
2. Spred through cough, sneezing, sputum
3. Nasal droplets
4. Through breathing
5. Environmental factors viz. over crowding, unhygienic surrounding etc
6. By biting Insects (Mosquitoes, Cockroach etc.)
7. Others (Specify)

C-3 What are the early signs of Leprosy?

1. A pale or red patch on the skin and change in textures.
2. A raised or flat patch - dry, shiny or smooth
3. Loss of anaesthesia on the patch site.
4. Loss of anaesthesia on Hands & Feet.
5. Bending of the fingers
6. Swelling of nerves
7. Others
c-4 a) Is leprosy curable? (1) Yes (2) No

b) In both case (Y/N) give reasons?
1.
2.
3.

c) Does leprosy effect everyone? (1) Yes (2) No

d) In both case (Y/N) give reasons?
1.
2.
3.

e) Is it necessary to isolate leprosy sufferer?

f) In both cases (Y/N) give reasons?
1.
2.
3.

g) Can deformities be prevented? (1) Yes (2) No

h) In both cases (Y/N) give reasons?
1.
2.
3.

i) Is leprosy infectious? (1) Yes (2) No

j) In both cases (Y/N) give reasons?
1.
2.
3.
C-5 What can you do about leprosy? (PROBE II)

1. Educate others about this disease
2. Make them go for early treatment
3. Give them equal opportunities in all respects
4. Do not neglect them
5. Boost up their Morale
6. Give them proper advice about the treatment
7. Others (Specify)

SECTION IV

EFFECT OF DISEASE

D-1 a) How was the disease detected?
1 Self reporting (Voluntarily reported)
2 Contact Survey (Healthy Contact)
3 General Survey (Mass survey; Group/Individual)
4 School Survey 5 Industrial Survey 6 Passive Surveillance 7 As Suspicious case

b) Since how long you have been suffering from this disease?


c) What are the reasons for your suffering? (PROBE II)
1 Unaware of the disease
2 Negligency in treatment
3 Unaffordable Treatment
4 No Facilities
5 Poor Facilities
6 Others (Specify)
d) Does any other family member have/had suffered from this disease?

1 YES (Go to g) 2 NO (Go to f)

V L O 3

e) VARIABLES

<table>
<thead>
<tr>
<th></th>
<th>PAST</th>
<th>PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
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<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Survival</td>
<td></td>
<td></td>
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<tr>
<td>Duration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(SEX 1 Male 2 Female SURVIVAL 1 Living 2 Dead
RELATIONSHIP (See A3a) 7 Others)

f) Have you been associated with any other persons suffering from this disease? 1 YES (Go to g, h, i) 2 NO (Go to j)

h) State the closeness with the sufferer:

1 Occasionally 2 Always 3 Frequently

i) Duration of contact:

1 Recently (Within a year) 2 From the very beginning 3 (See) Since ___ Years.

j) Have you taken any preventive measures/precautions in order to stop spreading of this disease?

1 YES (Go to k) 2 NO (Go to o)

D-1 k) What type of precaution you have taken?

1 Rush to the nearest doctor/hospital 2 By avoiding the persons suffering from this disease

3 Taking precaution for healthy persons, not to be infected 4 Stop using the article used by the sufferer.

5 By taking BCG vaccine (if earlier not taken)

---

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6 By adopting Massage.
7 Others (Specify) 

1) (As mentioned above) What was the impact of your preventive measures/precautions which you took?
   
1
   2
   3

D-2 a) Since how long you have been admitted in the Hospital/under going treatment?
   डी.  2) आपके अन्दर कितने साल, महीने और दिनों के कारण?
   
   YES(NO)
   YES(NO)

b) Before this have you been visiting/taking treatment in any other institution?
   आप यहां हिस्सा बनाने से पहले यहां जाना चाहा?
   1 YES(a b c d) 2 NO(alker to D)

c) Which institution do you used to visited?
   आप किस निदेशन में दौड़ाता?
   1 Govt. Hospital 2 Pvt. Doctor 3 Voluntary Organization 4 PHC 5 Others

D-3 (NOTE : FOR HOSPITAL PATIENTS ONLY)
   a) How do you feel after coming to this Hospital?
   आप इस अन्न में कैसे निकलते?
   1 Very annoyed 2 Hopeful 3 Like a Jail 4 Isolated
   5 Better than before 6) Very Good

b) Do the following people come to see you?
   प्रभात के निदेशन कैसे प्रभात करते?
   Family Members 1 YES 2 NO How Often
   Family Friends
   Working Colleagues

   (HOW OFTEN : 1 Regularly 2 Occassionaly 3 Weekly
   4 Monthly 5 Quarterly 6 Biannually 7 Annually)

c) Do they provide treatment free of cost?
   उन्होंने कितने प्रभात में प्रभात करते?
   1 YES 2 NO

d) Besides treatment what other facilities are provided?
   अन्न खाने में कितने निदेशन में प्रभात करते?
   1 Food 2 Clothing 3 Proper advice 4 Free Books
   5 Console problems 6 Spiritual advice 7 Entertainment 8 Others

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D-3 e) Do they provide all these things free of cost?

1 YES 2 NO

f) Are you getting better after having these facilities?

1 YES (ask g) 2 NO (Go to h)

g) Ask reasons in both case (Y/N)?

1 ____________________________________________

2 ____________________________________________

3 ____________________________________________

h) What difference you have find in the treatment at home at the hospital?

1 ____________________________________________

2 ____________________________________________

3 ____________________________________________

D-4 a) Can you bear the expense of treatment & other facilities?

1 YES 2 NO

b) When did you first notice this patch/lesion/nodule?

11 12 Years 13 14 Months.

c) What did you first think about it?

1 ____________________________________________

2 ____________________________________________

d) Before getting this what you had been experiencing over this site of infection?

1 ____________________________________________

2 ____________________________________________

e) What happened when more patches/lesions/nodules begin to develop on your body? (PROBE IT)

1 ____________________________________________

2 ____________________________________________
D-4  e) 1 Rush to the doctor for the treatment. (Ask g)
2 Decided to give self treatment by own (ask h)
3 Avoid it/ Neglect it. (ask f)

f) Why did you neglect/ avoid it? (Give Reasons)
   1. ________________________________
   2. ________________________________
   3. ________________________________

g) When did you first go for the treatment?
   ____________________________________________
   Years ____________________ months.

h) What type of treatment did you give by own?
   1. ________________________________
   2. ________________________________
   3. ________________________________
   4. ________________________________

i) What was the impact of your own treatment?
   1. ________________________________
   2. ________________________________

j) Who had first advised you to go for treatment?

D-5  a) Do you get proper treatment? 1 YES 2 NO
   धार्मिक सराखा माय मे न?

b) If yes, probe the following?

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconstructive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C) Do the following personal visits you?

<table>
<thead>
<tr>
<th>Personal Visits</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Staff Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Health Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Dietician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D-5 c) PERSONAL

5 Physiotherapist
6 Pathologist
7 Attendent

* Who usually give you adequate instructions?
□ 1 Doctor □ 2 Staff Nurse □ 3 Health Worker □ 4 Physiotherapist □ 5 Attendent

* With whom you are able to discuss your problems freely?
□ Personal (1) Yes (2) No (3) Male (1) Female (2) Both
1 Doctor 2 Staff Nurse 3 Health Worker 4 Physiotherapist 5 Attendent 6 Dietician

D-6 a) How far is the hospital from your residence? __________ Km.

b) Do you have any transport action facilities
□ 1 Yes □ 2 No

* If yes, what type of transportation do you use?
□ 1 Bullock cart □ 2 Own Vehicle □ 3 Govt Vehicle □ 4 Private vehicle □ 5 __________

* Can you bear transport cost for treatment?
□ 1 Yes □ 2 No
D-6 e) If no, ask the reasons?
1. 
2. 

D-7 a) When did this deformity occur? (If you find Deformed Patient)

b) What is your attitude toward this disease?
1. 
2. 

c) What is your attitude towards other persons suffering from this disease? (Probe the following)
1. Avoid them 2. Mix with them 3. Treat them as usual
4. person 4. Hate them 5. Help them 6. Give them
opportunities 7. Others (specify) 

d) Are you ashamed of having this disease? 1 YES 2 NO

If YES give reasons in both (Y/N) case? 
1. 
2. 

f) Did your family members accept you? (Family attitude)
1. YES (ask g) 2. NO (ask h)

g) If yes what is their belief? If NO ask the Reasons?
1. 
2. 

h) If NO who are the persons of your family not accepting you?
6. Husband 7. Others (specify) 

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D-7

1) Did your community accept you? 1 Yes 2 No

j) Give reasons in both cases (Y/N)?

1

2

k) Are there any special taboos & customs in your community for this disease? 1 Yes 2 No

l) If yes, what are they (Ask them politely)

1

2

m) Did your colleagues with whom you are working, accept you? (Working population attitude) 1 Yes 2 No

n) Give reasons

<table>
<thead>
<tr>
<th>ACCEPTANCE</th>
<th>NON-ACCEPTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

o) Number of persons accepting

Number of persons not accepting

D-8

a) Did you get this disease before or after marriage? 1 Before marriage 2 After marriage

(Nota: Do not ask if answer of Section-I A6 = Bachelor)

b) Why don't you want to marry? Why till now you haven't married? (Note: Ask only if Sec-1 A6 = Bachelor and Sec-1 A7 = Married)

At the age of marriage, (Check Sec-I A1 = Marriage age)

1

2
D-8 c) Does your Wife/Husband accept you? (Check Sec-I A6 = Married) 1 YES 2 NO (Go to f)
b) If yes, Do you people sleep together? 1 YES 2 NO

d) If D-8 c/ No then ask what is the reasons?

D-9 Grade the following according to the responses given earlier? (NOTE: DO NOT FILL THIS PART IN THE FIELD)

PERCEPTUAL PROBLEMS 1 (Yes) 2 (NO)

1 No idea about the cause of leprosy
2 No idea about the infection of leprosy.
3 No idea about effect of Leprosy
4 No idea about Physical Manifestation of Disease
5 No idea about cure of this disease
6 No idea that deformity will affect the Personality

SCORE

D-9 PSYCHOLOGICAL PROBLEMS 1 (Yes) 2 (NO)

7 Anxiety: Curability
8 Anxiety: Future of the Family
9 Anxiety: Economic Loss
10 Anxiety: Future of the children
11 Anxiety: Complety cure
12 Fear: Disability
13 Fear: Divorce
14 Fear: To lose job
D-9 15 Fear: Death of Spouse
16 Fear: To get Married/for Marriage
17 Fear: Discarded/Acceptance

**SOCIAL PROBLEMS**

18 Abuse from Spouse
19 Abuse from in-law's
20 Driven out from home
21 Isolation at home
22 Threatened to get divorce
23 Conspiracy to Murder
24 Jail term in Hospital
25 Retirement
26 Sex Difficulties
27 Change in Financial status
28 Change to different type of work
29 Change in working hours
30 Change in eating habits
31 Problems of admission for their children

**PROBLEM OF TREATMENT COMPLIANCE**

32 Delay in collecting drugs
33 Prolonged treatment
34 Irregular in taking Medicine
35 Irregular visit to hospital
36 Pregnancy
37 Poor co-operation from doctors
38 Poor co-operation from health worker
D-9 39 Treatment facilities is quite far
40 Treatment is quite costly

**SCORE**

**TOTAL SCORE**

**SECTION V**

**SOCIAL FACTORS**

**E-1**
- a) Ownership of the house: 1 OWN, 2 RENTED, 3 SHARED
- b) Year of Establishment: __ Years
- c) Type of Settlement Density: 1 Low, 2 High, 3 Isolated

**E-2**
- Type of House occupied (By asking/observation)
- Material used for Wall (Tick which is applicable)
  - Brick/Mud/Bamboo/Mat/Tin/Others
- Material used for FLOOR (Do as stated above)
  - Concrete/Tile/Mud/Others
- Material used for ROOF (Do as stated above)
  - Concrete/Thatch/Asbestos/Tiles/Bamboo/Cloth
- Now Classify as 1 Pucca, 2 Semi Pucca, 3 Kuccha

**E-3**
- Accommodation style
  - a) Total numbers of rooms
  - b) Separate Kitchen
  - c) Separate Bathroom
  - d) Separate Lavatory
  - e) If yes, mention the type of Lavatory:
    - With sew.
    - Connected to septic tank
  - f) If no whether defecating in open space?
E-3 g) State the number of windows/ventilation in your house? ___________________

h) Do the animals share the same room?

1 YES (ask i) 2 NO (ask E4)

i) Which type of animals?

1 Dogs 2 Cats 3 Cow 4 Buffalo 5 Sheep/Goat

6 Mice 7 Others (Specify) __________________

E-4 a) Does your house have individual water connection?

1 YES 2 NO (Go to E4b)

b) If No from where do you bring water? (PROBE IT)

SOURCE DISTANCE CONDITIONS

1 Stand Post
2 Hand Pump
3 Open Well
4 Stream/River
5 Pond
6 Water tank/Tanker
7 Others __________________

(CONDITIONS: 1 V-Bad, 2 Bad, 3 Fair, 4 Good 5 V-good)

c) Where do animals bath (PROBE IT)

1 Near the Pond 2 In the River 3 Near the Well

4 Near others (Specify) __________________

d) Where do you take bath?

1 In own Bathroom 2 Roadside 3 Village well

4 Near River 5 Near Pond 6 Near Canal

7 __________________

c) Do you take bath daily? 1 YES 2 NO

9

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E-4 f) Where is the water disposed off?
1 Soak pit, 2 Open Drains 3 Covered Drains 4 Open space 5 Along road side 6

E-5 a) Does the area get flooded during rainy seasons?
1 YES (Go to b) 2 NO (Go to c)
b) How much time water logging remains?
1 Only the day it rains 2 Through out the rainy seasons 3 For most of the time in the year
c) How often Municipality/any other authority collect the Garbage?
1 Daily 2 Sometimes 3 Never 4 Alternate days 5 Weekly 6 Monthly 7

E-6 a) Since how many years are you staying here?
1 2 3 4 5 6 7
b) Have you migrated recently? 1 YES 2 NO
c) If yes, name of the place you have migrated?
1 2 3 4 5 6 7

d) Number of years in earlier residence
1 2 3 4 5 6 7

E-7 a) Is medical care facilities is available near by your home?
1 YES (ask b) 2 NO (ask c)
b) At what distance?
1 2 3 4 5 6 7

c) For present disease (Leprosy) which institution do you prefer more to be visited?
1 Govt Institution 2 Pvt. Institution 3 Both
E-7 d) Why do you go either 1/2/3 as stated above?

1. 
2. 
3. 

E-8 Ask the FOOD HABITS from the elderly female members of the family? (If possible)

a) Are you 1 Vegetarian 2 Non-Vegetarian 3 Both

b) In a Month how many times do you take Non-Veg?

c) What do you take normally in Non-Veg?

1) Egg 2) Meat 3) Fish 4) Birds 5) Chicken

6) Others (Specify) _____________________

E-9 What have you made yesterday?

a) What have you made day before yesterday?

b) What have you made today?
## વડોદરા વિશ્વવિદ્યાલય

(સંચાલક અમાની વાર્તા)

### વડોદરા વિશ્વવિદયાલ્ય સમાચાર પાત્રો કાઢવા પ્રભાવિત સિલ્બસ મુજબ તે માહિતીપત્ર

<table>
<thead>
<tr>
<th>માહિતીપત્ર વિષય</th>
<th>ક્રમાંક</th>
</tr>
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<tbody>
<tr>
<td>કામની મુખમાણી તારીખ</td>
<td>3.25</td>
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<tr>
<td>વાતાવરણ મહિલા. શૈલી</td>
<td>3.26</td>
</tr>
<tr>
<td>વસ્તુગ્રહ નામવિગતપત્ર</td>
<td>3.27</td>
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<tr>
<td>કાર વિભાગ</td>
<td>3.28</td>
</tr>
<tr>
<td>તાજુકારી નામ</td>
<td>3.29</td>
</tr>
<tr>
<td>નામશરીર/ખ્યાતિ નામ</td>
<td>3.30</td>
</tr>
</tbody>
</table>

### સંપર્ક માહિતી

- વિભાગ: 3.31
- મૂલભૂત વિભાગ: 3.32
- વિભાગ: 3.33
- પ્રતિભાવ: 3.34
- અસ્તિત્વની સફળતા: 3.35
- વિદ્યાર્થીઓ: 3.36
- રચના સ્થાન: 3.37

(સંચાલન: વડોદરા વિશ્વવિદ્યાલય, આસામ, ભારત)
<table>
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<th>સ્વભાવ આભાસ અલખના સ્થાન</th>
<th>[ \text{પ્રભૂ} \times \text{ પ્રેમ} \times \text{રહિત} ]</th>
<th>[ \text{તારીખ} \times \text{જ મિ} \times \text{રે ક્રમ} ]</th>
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<th>[ \text{તેજ} \times \text{થક્ષ} \times \text{પ્રકૃતી} ]</th>
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</thead>
</table>
### B. (તમામ કાર્ય) રચનાના અંગે કી માંગ થઈ હતી?

| વિમાન નં | રચનાના અંગ (ક્રિયાત્મક) | વાક્યરૂપની પ્રશંસારૂપ સંક્ષિપ્ત
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>સૂરી ઉપર ૮૫ ૨ નાપકી</td>
<td>1. પૂ સાહ્બ</td>
</tr>
<tr>
<td>2.</td>
<td>સૂરી ઉપર ઉપયોગ</td>
<td>2. સાહ્બ</td>
</tr>
<tr>
<td></td>
<td>(નેકર અનાધ નથી)</td>
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</tr>
<tr>
<td>3.</td>
<td>ક્રોડી પહોળી (ક્ર.)</td>
<td>3. ક્રિ પાટલા મેટે દિલક્ષિત (પ્ર.)</td>
</tr>
<tr>
<td>4.</td>
<td>પ્યાસભર સ્વરૂપીકરણ (પ્ર.)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>પોલી ટાવર કાચા ક્રમ (ટા.ડટા.)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>પોલી કાચા ડોડાના પોલી ક્રમ (ટા.ડટા.)</td>
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</tr>
<tr>
<td>7.</td>
<td>કીલુ ઉપશૈલિ ક્રમ (અ૦.અ૦.)</td>
<td>7. વાસત</td>
</tr>
<tr>
<td>8.</td>
<td>પોલી કાચા ટ્રોડ્ડર પોલી ક્રમ (અ૦.અ૦.)</td>
<td></td>
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<tr>
<td>9.</td>
<td>ટ્રોડ્ડર ટાવર કાચા ટ્રોડ્ડર પોલી ક્રમ (ટા.ડટા.)</td>
<td></td>
</tr>
</tbody>
</table>

### B3 (તમામ કાર્ય) રચનાના અંગ પાસ અંગ કે હો?

| વિમાન નં | રચનાના અંગ (ક્રિયાત્મક) | વાક્યરૂપની પ્રશંસારૂપ સંક્ષિપ્ત
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>એક નેટ ૨. પોલી ૩. અંગ ૪. હરી ૫. પોલી ક્રમ</td>
<td>1. પોલી સાહ્બ ૬. પોલી ૭. અંગ</td>
</tr>
<tr>
<td>8.</td>
<td>પોલી સાહ્બ ૮. સાહ્બ ૯. સાહ્બ ૧૦. નાના ૧૧. અંગ ૧૨. નાના ૧૩. અંગ ૧૪. નાના ૧૫. વાત ૧૬. ફેર ૧૭. પલાં ફેટ ફે ફેટ ૧૮. ખાસ ૧૯. લખાસ ૨૦. લખાસ ૨૧. લખાસ ૨૨. લખાસ ૨૩. લખાસ ૨૪. લખાસ ૨૫. લખાસ</td>
<td>8. પોલી સાહ્બ ૨૬. સાહ્બ ૨૭. સાહ્બ ૨૮. લખાસ ૨૯. લખાસ ૩૦. લખાસ ૩૧. લખાસ ૩૨. લખાસ ૩૩. લખાસ ૩૪. લખાસ</td>
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</table>
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64 (તપાસ કરો) રક્ષણમાં દિશામાં કી સંખ્યા (નં) માં ફેલ્યું છે?
(મને ઉપર જોઉં કરો)

1. ચેટરા દાયા રાજ
2. ચેટરાની બંધી.
3. દુનાર નથી.
4. દેખાલ નથી.
5. ચેટરા ઉપર મહુ
6. નાકમી ફેલ્યું
7. અન્ય
8. અન્ય

65 (તપાસ કરો) રક્ષણમાં દિશામાં કી સંખ્યા (નં) માં ફેલ્યું છે?
(મને ઉપર જોઉં કરો)

1. બંધર - ગેખીઓ-ગેખીઓ લાગ
2. પોડીનામ - કેટા લાગ
3. રેડિયા - અગિલ વ બંધર લાગ્યો.
4. ટેવ્યલ પોડીનામ - હિંદુધ કારકના ઉપરના લાગણા
5. ચેટરાના ચેટરા - દિશા પુત્રના પાકા લાગણા
6. ચેટરાના ચેટરા - ઉભૂના અપાવણા લાગણા

66 (તપાસ કરો) (આવા સાલેસમાં)

1. દુલ
2. દુલ
3. ગુછ
8. (તપાલ કરી) શિક્ષણ અથવા ભાગપતા અભિવૃત (અશાષ્ટીવેદ) માં છે?

9. (તપાલ કરી) અથવા પુષ્પભોજન પાયા છે?
1. પુષ્પભોજન પાયા (અમ.ક્ર.ટી.,)
2. ઉદ્યોગી (અદ.શાળાયો પાયા)
APPENDIX 5-3

(તારખ: 200/8>^1992)

રસીલાદારી કેબીયો અને પસંદગી પર આર કરાવવું પડશે?

પાલિકા નામ: ____________________________________________

પાલિકા પ્રભાવિત હું: ________________

પાલાંદ્ર પાપાણી પ્રભાવકત કરાવવા માટે, ઉમેદવારી પાક્ષ

અભિવાદન શુભકામના વાતો: ____________________________________________

પ્રભાવકત હું: ________________

અભિવાદન શુભકામના વાતો અને પાસ્કલી નામ: ____________________________________________

ઉમેદવારી પ્રભાવકત હું: ________________

ઉમેદવારી પ્રભાવકત હું: ________________

ખરાબા માણસ વેશીય: ____________________________________________

ખરાબા વાધાયના વર્ગે: ____________________________________________

ખરાબા વાધાયના વર્ગે: ____________________________________________

(તારખ: 200/8>^1992)

પ્રભાવકત હું: ________________

મહાનાગરી પ્રભાવકત હું: ________________


A1. ધાર્મિક અનુભવ અનુભવી તેઓ. 

A2. નિવેદન: 1. પુલી, 2. કુશ.

A3. ધાર્મિક અનુભવ અનુભવીને દરેક તેઓ સાથે સંબંધ

1. પીઠ 2. મહાદેવ 3. ડ્રમ વેદાર પ. પૂજી
2. પીડા 3. જીવન

A4. કૃત્રિમ 1. થુંકી 2. મહાદેવ

A5. કૃત્રિમ પ્રયોગ: 1. પ્રયોગ 2. અધ્યાય 3. ધીર્જક
4. અલખ / જાણવા 5. જીવ. રહીને શ્રી

A6. વિવિધ: 

A7. 1. હત્ર 2. મૂડિતમા 3. હિંદ 4. છત哈利
5. શિક્ષણ 6. ક્રિયા 7. શિખા

A8. સાધારણ: 1. એ 2. એ (વ્રાત એ)
3. બે વૃક્ષ તે મહત્વને (સ્વરૂપ) અને મહાન શિક્ષા !

A9. બેહદ: 1. પ્રાચીન (1 વ્યાકરણ) 1. શિક્ષણ
2. પુ. માહિતી (3 વ્યાકરણ) 2. ઒પિટ
3. પુલી માહિતી (8 વ્યાકરણ) 3. ક્રિયા મહત્વને ્અનુભવ
4. બુખાર (11 વ્યાકરણ)

A10. વીયનો પ્રકાર: 1. દિવસીયા 2. વીય-દિવસીયા
3. આ અનુભવ રહે શકે છે?

સમૂહ નામ: 

5. હિંદ-પાલ
6. પીડા-પાલ
7. અભ-પાલ
8. પીઠ-પાલ

417
### a. તમને આ રોગ વિનાયકના જેવા કે પ્રશ્નો કરીને કહેવાની જરૂર છે?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. હું શાય રહેશું કરો.</td>
<td></td>
</tr>
<tr>
<td>2. હેઠળની જૂની વાપરો કરો.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

### b. તમને આ રોગી અભાવી સાધનણા એવું કરવું જરૂર છે?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. રોગી પહેલું વાપર રાખવાની સાધનણા કરો.</td>
<td></td>
</tr>
<tr>
<td>2. કે વાયુ વાપર કરો.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

### c. સાધનણા વાપર માટે, તમને કેવી રીતે સાધનણા કરવી?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ખાવે જયા કરો.</td>
<td></td>
</tr>
<tr>
<td>2. ખોરાકની સાધનણા કરો.</td>
<td></td>
</tr>
<tr>
<td>3. ખેળ વધુ સાધનણા કરવી.</td>
<td></td>
</tr>
<tr>
<td>4. આ રોગીને રોગી કો વાપરપત્ર વધુ કરો.</td>
<td></td>
</tr>
<tr>
<td>5. ખેળ સાધનણા કરો.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

### d. કેટલાક તમારી વિશાળતા કુલ છે?

<table>
<thead>
<tr>
<th>વિશાળતા નામકરણ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### e. આ રોગી પદ્ધતિ વિશાળતા વાપર કરવી?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. આ રોગી પદ્ધતિ વિશાળતા વાપર કરો.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

### f. આ રોગી પદ્ધતિ વિશાળતા વાપર કરવી?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. હેઠળ વધુ, આ વિશાળતા પકડે છે/</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

### g. કુંભવાનો આ રોગી સોલાંત રહેશું કરો?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. હેઠળ વધુ, આ વિશાળતા સોલાંત કરો.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

### h. આ હેઠળ તો, તમે કુંભવાનો વી છો?

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>જવાબ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. હેઠળ વધુ, તમે કુંભવાનો વી છો.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>
C2 a. આ રોમ બીજા દવ્ય શાળાના વાસ્તવીકોણ કેવી છે તે જાણવો।
1. __________________________________________
2. __________________________________________
3. __________________________________________

b. વાતીના રાજ્ય અને વેચનામાં લાભ જેવો કે નથી?
1. હા 2. ના

c. જેની વાતોની વસ્તુબદ્ધ કાર્ય કરવો?
1. __________________________________________
2. __________________________________________
3. __________________________________________

C5 a. સારપાર દેશાયન તમને ખુબ કરી શકો કે?
1. હા 2. ના

b. જે કે હા જે તો તેઓ ખુબ કરી શકે તે જાણવો,
1. રચય મોટી પડે થે.
2. રચય મુદ્યણાત્મક પાણી ભરતી નથી.
3. વીઠે જેવી રચય લેવા રહું પડે થે.
4. રચયા બાજુ લૂટી થા થે.
5. પરિપાઠકોની કામ થે થે.
6. કાળમાં વીશે સારપાર દેશાયન ખુબ કેવો?
7. માથું ________________________________

c. હોય ભાવો ગયા પડી તમને કઈ કરી શકે?
1. હા 2. ના (કુલ 8)

d. હોય તો કે પુ ખુબ કરી શકે તે જાણવો.
1. ________________________________
2. ________________________________
3. ________________________________

f. તયારી હતું દેશાઇયનમાં ખાલી છો?
1. હા 2. ના

g. હોય તો લા માતે નામ છો?
1. ________________________________
2. ________________________________
3. ________________________________

h. આ રૌમેશ ષટવાયા માતે છૂ કરતો?
1. કિછુ બાળક.
2. મેં જરું સારપાર માતે સૌથી ભાગી.
3. મેં જરું પાણી કાઢવાની તર ભાગી.
4. મેં જરું પાણીની માંગી.
5. મેં જરું પાણીને હુલા રાખી.

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### APPENDIX: 5.4

<table>
<thead>
<tr>
<th>સંભળો પ્યાસાર અંગે વિસ્તારપણે અપાર અસર કરતા પ્રશ્નો</th>
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</table>

<table>
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<tr>
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</table>

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<tr>
<th>મુદ્રાના પ્રકાર</th>
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</table>

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<th>સેલ્ટ લેપ પ્રકાર</th>
<th>: 1. એનઠા. + ગલા-ખાન 2. ની-ની. - ખાન</th>
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</thead>
</table>

<table>
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<tr>
<th>મંજુરી માટે</th>
<th>: 1. જિ.અસ.ઓ. 2. જિ.અસ.ઓ. 3. જિ.અસ.ઓ. 4. જિ.અસ.ઓ.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>વિધાન વિપરીત અંગેના નામ</th>
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<table>
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<tr>
<th>નામક્રમણ નામ</th>
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</table>

<table>
<thead>
<tr>
<th>કેટલા વાદાવે</th>
<th>: કેટલા વાદા કે કે</th>
</tr>
</thead>
</table>

(સેલ્ટ્સ્નેલન : 4 કાટા માટે 7),

બુધવાર, ભારતના પ્રધાન મંત્રી, વડોદરા, ગુજરાત, 380 002.
A1  જન્મ અનુભવ વિભાગની તેલી: 

A2  શેકલ 1. 2. 3. 

A5  જન્મ અનુભવ વિભાગની કાઢપેરી રાખવા માટે સદ્ધાન્ના માટે અંદર:
1. પૂછ્ય 2. ખાસ 3. જોડી હોય વ. જોડી પ. પહોંચી 
2. પૂછ્ય 3. અમૂલ્ય 

A4  સામગ્રી 1. 2. 3. 4. 5. 6. 

A5  વિવાહકઃ રાજે 
1. માધી 2. અમૂલ્ય 3. ત્રાત્રે 
4. માધી/અમૂલ્ય 

A6  સંક્ષિપ્ત 1. 

A7  ક્રમ 1. 2. 3. 4. 5. 6. 

A8  વિગત 1. 2. 3. 4. 5. 

A9  વધુ 1. 2. 3. 4. 5. 6. 

A10  પ્રથમ 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 

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8. કોઈ વાંચની સરસ્વતી તાપ બળી કલી?

9. દેવાની તંગદર્શા શાસક અને ગોઠવની પ્રથા?

B2. a. સામાજિક સમાજની સંદેશ થતી?

b. શાક વો છુટ્ટી શાક કલી?

B3. a. તે વાંચો તમારી વચના જ કલી (તે ઘાંભી)

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- 2 -

B 3. તે વચ્ચે તમને યાન્યાં કરતા કેવી મુકેલી પકડી કરતી?
   1. શ્રી ર. ના (પુષ્કળ વ.)
   2. 
   3. 

C. ક્યાં તો પૂર્ણ દેવી મુકેલી પકડી કરતી?
   1. 
   2. 
   3. 

D. તમારી શ્રી માંય કરતી તે વચ્ચે ક મો રોગ દ્વારા કારણી નહીં હતી તે કે નહીં?
   1. શ્રી 
   2. 

E. કોણે લખાઓએ (કૃપણ) કારણ પૂછે?
   1. 
   2. 
   3. 

F. જે નિસ્સાર તમારા ક્ષેત્રમાં કે ક્ષેત્રમાં છે તે તમને મો રોખધી છે, તે પૂછે કે તે કે કોણા માંય કારણર દેવી કરતી?
   1. 
   2. 
   3. 

G. જિદ્ડો તમને મો રોખ પણ તે, વચ્ચે તમને દેવી દેવી મુકેલીની પકડી કરતી?
   (કૃપણ અનુસાર)
   1. 
   2. 
   3. 
   4. 

H. તમને પહેલા સારાંશમાં પણા મોકલો કરતો કે નહીં?
   1. શ્રી 
   2. 

1. તમે જે અસર સારાંશ લેવા કરતા તે તમારી પરામાં કેટલું કું છે?

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\[ a + b = c \]

\[ d \times e = f \]

\[ g \div h = i \]

\[ j - k = l \]

\[ m + n = o \]

\[ p - q = r \]

\[ s \times t = u \]

\[ v \div w = x \]

\[ y - z = a \]
2. આ રોગ તમને કશીં ખાવી છે. કયે તમારા રોગીઓની અયેહાર કેટલી છે?
   1. 
   2. 
   3. 

1. હવે તમને કે જું પહેલી પણ છે? (યોગ્યતા અનુસાર રહેવાથી પણ પણ)
   1. 
   2. 
   3. 

m. હવે તમારો કે જાણો છે કે કે પ્રસારની તમારી સાધયતા (અ.ટી.એ.) વચ્ચે શા છે?
   તેથી આ રોગ મદ્દે શક્ત છે નહી?
   1. 
   2. 
   3. 

n. હવે તમને સાધયતા વિશે પોતાની કી ચૂકી છે નહી?
   1. હા 
   2. ના 

0. તમે હવે તમને આ સિવર કો છો હે તે દેવ કહીને આવે છે?
   1. આ સાધયતા 
   2. કહીને આવે છે.

9. હવે તમને સાધયતા વિશે પોતાની કી ચૂકી છે નહી?
   1. હા 
   2. ના 

4. તમે એ રોગ (ઇન્ડોરી) રાખી રહ્યા શકો શકાય છે?
   1. હા 
   2. ના 

5. ક્યારે ક્યારે રાજ્ય?
   1. રાજ્ય 
   2. ના 
   3. 

6. 

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(નોંધ કરો કે: પ્રખ્યાત ક્રમાંકના અંધકારમાં પત્ર નામ હેતુએ પાલકોની વિભાગો શું છે તે સાથે).

<table>
<thead>
<tr>
<th>પ્રશ્ન</th>
<th>ત્રણ માહિતીના વિભાગ સ્થાપિત</th>
<th>1. વિભાગ</th>
<th>2. વિભાગ</th>
<th>3. વિભાગ</th>
<th>સમાચાર</th>
<th>પ્રોડક્ટ</th>
<th>કોન્ટેક્ટ</th>
<th>સુપરવિઝર</th>
<th>પરિસ્થિતિ</th>
<th>પ્રથમ</th>
<th>પૂર્વક</th>
<th>અન્ય જગ્યાનું</th>
<th>જવાબ</th>
<th>દર્શાવેલો</th>
</tr>
</thead>
</table>

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## APPENDIX 5.5

### રસાયણ ના દૈવિક અંગે પ્રશ્નના પર મહત્ત્વ પદ્ધતિ

### વડોડરા શૈલી

( પશ્ચિમ આફ્નાં સ્થાન )

### વડોડરા શૈલીમાં માહિતી રસાયણ, રેકોર્ડ કરીને અંગે માહિતી પદ્ધતિ

<table>
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<tr>
<th>વાહનની સૂચિની તાલીમ</th>
<th>કલા નામનાં પ્રભાવથી</th>
<th>માહિતી નામ ની તાલીમ</th>
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<td>1. આવણ 2. સલાહરી</td>
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(કલા નામનાં પ્રભાવથી)

મુખ્ય વિષણુ, વિષણુના લાભ,
મ. સ. વિષણુના લાભ- વડોડરા

સૂચના નં. 30 002

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નેકલનના વિભાગી પાત્રી

A1 જ્યાં આખુપાત વિભાગી પ્રારંભ:

A2 રીતે:
1. યાં: ર.
2. છોક્ર:

A3 જ્યાં આખુપાત વિભાગી રક્ષિત રહેવું બાદ બન્ની:
2. પ્રોસ્કાર: 3. અમા: 4. 

A4 દિવસ:
1. વિશ્વવિદ્યાલય
2. વિશ્વવિદ્યાલય
3. વિશ્વવિદ્યાલય
4. વિશ્વવિદ્યાલય

A5 વિભાગી રક્ષિત:
1. પાકટો: 2. અલાગેલ: 3. પુષ્કર્દ:
4. પુષ્કર્દ/પાકટો: 5. કુરી: રહેવી બાદ

A6 અબાદ:

A7 પ્રાસાર:
1. કામ 2. કૃષિ 3. પ્લિન 4. વીકી
5. કામ 6. સેક 7. 

A8 સંખ્યારંભ:
1. અલ 2. કુરી (પદ્ધતિ A9)
2. સંખ્યા બી જાણકાર માધ્યમ (પદ્ધતિ) માટે સુધી તલખ?
3. પ્સંખ્યા (1 થી 3 પ્રોસ્કાર) 4. પ્સંખ્યા
4. પ્સંખ્યા (4 થી 6 પ્રોસ્કાર) 5. પ્સંખ્યા
6. પ્સંખ્યા (9 થી 12 પ્સંખ્યા)

A9 પ્રાસાર:
1. કામ 2. કૃષિ 3. પ્લિન 4. વીકી
5. કામ 6. 

A10 પ્રાસાર:
1. તાકદીયાલ: 2. તાકદીયાલ: 3. 
4. 
5. 
6. 

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- 2 -

જેલગામન ની 1 2 સોનપુર ખાત

જ્યાં તમે (રકાબપત) કેટલા તમારી માનતા છે?

1. માનંતર રોગ.
2. તુલનાને સપંદણી ઘટ.
3. પ્રોફિલ રોગ.
4. તમે એ જામની જીંદગી જીવી છો?

તમારી માનતા પ્રમાણમાં આ રોગ કેટલા રૂપરેખા છે?

1. એક જામની સામે રેખાપાય આવે તો.
2. એક જામની થી થી જામ અટક.
3. કાર્યક્ષમતી પ્રકારને પણ તો.
4. રખાઓ સમાની રીતથી.
5. આપનું સમાન સામ્રાજ્ય કેં જેબા ભાગી, તેની ભાગી સીધે રીતે.
6. પથર, પૌષણ કાર્યક્ષમત.

તમારી રકાબપતા પ્રાથમિક કારણો કેટલા?

1. માચીની જીંદગી આવું અચુ ચુકું અચુ?
2. માચીની ખડકથી અને તારી ઘરી.
3. માચી પણના માપમાં પણ પણ.
4. માચી-માચી માચી માચી.
5. અણના અણ વાત.
6. સમયશીલતા શરીર પણ.

તમારી રકાબપતા સાક્ષાત વાંખવાની છે કહો?

1. હું 2. હું

શરીર વાંખવી, તમે તમારી સાહી કામ કો?

1. ______________
2. ______________
3. ______________

શરીર વાંખવી પ્રેરણા છે કહો?

1. હું 2. હું

તમે તમારી સાહી કામો કો?

1. ______________
2. ______________
3. ______________

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(નીચેના પ્રખ્યાતીઓની વાક્યની સંખ્યા કે અંદર વચ્ચેની પાટીઓ વચ્ચે તો માટે)

1. શાકાહારી 2. મકાહારી 3. બીસી

2. પછી માટે તમે કેટલાક વિષય જાણવા માટે લેખન કરો?

- 50 વાર (5 વાર મકાહારી માટે)

3. તમે અયાય મકાહારી લેખનમાં કે કેમ લેખન કરો?

1. થી 3. કેટલાક 4. પછી પ. માધ્યમ 5. અયા (ક્લાઉડ) ------------------(5 વાર મકાહારી માટે)

4. પછી એવો તમે કુલ આપણું લેખન કરો?

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5. તમે કેટલાક જ લેખન કરો?

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APPENDIX: 56

END-LINE EVALUATION OF MULTI DRUG TREATMENT FOR
LEPROSY IN VADODARA DISTRICT
(K.A.P.)
(A STUDY IN MEDICAL GEOGRAPHY)

SCHEDULE FOR MEDICAL AND PARAMEDICAL STAFF

<table>
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<tr>
<th>Thesis I.D.</th>
<th>Schedule Number</th>
<th>Card Number</th>
<th>Name of the Respondent</th>
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Place of Interview:
1. DIC
2. ULC
3. LCU
4. PHC
5. Govt. Hosp.
6. Residence
7. Voluntary Organisation

Name of village/Town/City: __________________________

Name of the Investigator: __________________________

Date __________ Checked by ____________________

---

For Ph.D. Thesis

Department of Geography
Faculty of Science,
M. S. University: BARODA 390 002
GUJARAT
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PERSONAL BACKGROUND:

A.1 a. Age in Complete years _______ years. 
   b. Sex 1. Male 2. Female 

A.2 a. Designation of the Respondent: 
   1. Health Worker/PMW/NMA/LA 
   2. Staff Nurse/LHV/CHG/ANM 
   3. Leprosy Supervisor 
   4. Senior Leprosy Supervisor 
   5. Health Educator 
   6. Medical Officer 
   7. Others (Specify) 
   b. Since how many years you are working for this disease? _______ Years. 
   c. At which place & Centre you are working? Name of the Centre: __________ Name of the Place: __________
   d. How many persons are working under you? _______ M.O.; _______ NMA; _______ PMW; _______ LA; _______ LS; _______ HE.
   e. To whom you report about your work? 1. DLO 2. MO 3. LS 4. HE 5._______

A.3 a. How many village, population & Area do you cover? 
   Number of village _______ Total population _______ Total area covered _______ Sq.Km.
   b. Distance of village from your residence 
      1. Upto 3 Km _______ villages.
      2. 3.1 to 5 Km _______ villages.
      3. 5.1 to 10 Km _______ villages.
      4. 10.1 to _______ villages.
WORKING ATTITUDE

B. 1 a. What means of conveyance do you generally use for visiting district villages?

1. Own vehicle 2. Govt. vehicle
3. Hospital vehicle 4. Pvt. vehicle 5. PHC Vehicle
6. By cycle 7. By Walking

b. (for M.O. only) Are you provided with Govt. Quarters?

1. YES 2. NO

c. Where do you live?

1. In the working area where I used to work.
2. In the city away from working area.

c. (Not for M.O.) Are you able to cover entire population & total number of villages as required in your schedule?

1. Always 2. Sometimes Unable 3. Unable due to Rain 4. Due to short supply of Medicine 5. Other

Who supervises your work?

1. DLO 2. M.O. 3. L.S.

In a month how many times did you meet your senior?

[ ] Month; Mention the date To
[ ] Month; Mention the date To
[ ] Month; Mention the date To

How do your supervisors supervise your work?

1. By checking the Record 2. By field visit

What do they do in the meeting?

1. Check the Record.
2. Update the Record.
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
B. 2  a. Do you get proper supply of Medicine & other required materials?  
   1. YES  2. NO  
   b. If no Ask the Reason?  
      1. ___________________  
      2. ___________________  
      3. ___________________  
   c. Do you get your payment (DA/TA) regularly?  
      1. YES  2. NO  
   d. If No, Ask the reasons.  
      1. ___________________  
      2. ___________________  
      3. ___________________  
   e. Do you have to attend OPD duty at PHC/CHC?  
      1. Every day  2. Fixed day  3. In the field  
      f. At which day (if No.2) you attend OPD?  
         1. Every ________  2. Twice a week  3. Thrice a week  4. Others (specify) ________

TRAINING & DUTIES:

C. A. a. Have you undergone training?  
      1. YES  2. NO
   b. If YES, Ask  
      1. Number of Times  
      2. Number of Days in each training  
   c. What do they cover in the Training?  
      1. Theoretical aspects of Leprosy (General)  
      2. Practical aspects of Leprosy.  
      3. Film show.  
      4. About the implementation of MDT
      5. Leprosy Management  
      6. 
      7.  

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For MO of LCU/MCU/U LC

C.2. a. Do you know what are your task for MDT?
   1. Select patients needing multidrug therapy.
   2. Carry out clinical and/or laboratory investigations to diagnose patients with liver or kidney damage or tuberculosis.
   3. Record base line data of patients selected.
   4. Prescribe treatment - choosing appropriate drug regimen.
   5. Carry out periodical clinical examination - examination of skin smears.
   7. Discharge patients from treatment.
   8. Follow-up discharged patients by periodical clinical and skin smear examinations.
   9. Administer, supervise, teach and motivate the members of the Health Team.
   10. Carry out pre-treatment education of patients starting multidrug therapy.
   11. Recognise the two types of reaction and differentiate them from relapse. Differentiate E.N.L. reaction especially from nodular leprosy.
   12. Take adequate biopsies under supervision.
   13. Draw up plans to implement multidrug therapy in a defined area.
   14. Describe procedure to implement the plans.
   15. Evaluate the programme.

C.3 Kindly state your duties at
   a. Administrative & Managerial level.
      1. Operational planning.
      2. Organise smooth functioning of the unit.
      3. Planning of drugs, chemicals, equipment etc.
      4. Assure time availability of staff & Man power.
      5. Ensure maintenance of vehicles.
      7. Advise DLO on leave rosters of LCU Staff.
C.3. b. Supervisory level
1. Delegate authority to the staff like NMS, HE etc.
   monitoring their work.
2. Identify problems and difficulties of HE/NMS/PMWs
3. Supervise registration of patients & related activities.
5. Supervise laboratory staff & ensure smooth functioning.

c. Medical level.
1. Make final diagnosis and classification of all leprosy
   cases. Preparation of standard case cards and ensuring
   its use by all the units in the district.
2. Decide type of treatment and supervise treatment
3. Make six-monthly clinical examinations of all leprosy
   cases.
4. Arrange for periodic random smear checking.
5. Diagnose drug reactions, lepra reactions type I, II
6. Define and classify disabilities.
7. Decide when disease inactivity has occurred.
8. Decide when patient can be released from treatment and
   when patient can be declared cured.
9. Decide the period of surveillance after a case is
   declared cured.
10. Determine the type of preventive measures and rehabilitation
    required by individual patients and ensure that they
    receive this care.

d. Communication, HE & training with patients & staff.
1. Educate patients about disease and expected outcome
   of treatment.
2. Build up confidence in treatment.
4. Family counselling for families with leprosy patient.

e. Monitoring and Evaluation.
1. Staff performance
2. Operational aspects.
3. Case findings, drugs delivery, compliance, drug side
   effects, HE & rehabilitation.
4. Recording, reporting and analysis of the data.
5. Giving regular feedback to all the units after checking
   and analysing their reports.
D. 1 a. What difficulties do you face while working?
1._
2._
3._
4._
5._
6._
7._

b. What difficulties do you face with your senior?
1._
2._
3._
4._
5._
6._
7._

c. Since [___] Years you are working for this disease (Leprosy),
What changes do you find?
1._
2._
3._
4._
5._
6._
7._

d. MDT was introduced in 1984, when there was a large number of cases, but now the number of cases has reduced significantly. Do you think that in future Leprosy will totally be eradicated from this district?
1. YES       2. NO

e. In both case (Y/N) ask the reason.
1._
2._
3._
4._
5._
6._
7._
f. Do you have referral System in MDT?

1. YES  2. NO

g. If yes, What percentage of patient do you refer in a month?
- percentage of patient referred
- percentage of Male patient
- percentage of Female patient
- percentage of Child patient
- percentage of Relapse Case

h. Where do you refer the patient?
1. ULC  2. PHC  3. DIJU  4. LCU  5. PVT Clinic  6. Voluntary Organisation

i. For M.O of ULC/PHC/DIU/LCU/VO
Do the referred patients come to your centre?
1. Most of the patient
2. Very few patient
3. Almost all patient
4. No patient
5. Half of the patient

j. Mention the percentage of patients coming from:
1. From Taluka Village
2. From Taluka Town
3. From Urban City
4. From Neighbouring District
5. From Neighbouring State

k. Do some patient go for PVT. treatment from PVT doctor (G.P.)
1. YES  2. NO

l. In both case (Y/N) Ask the Reasons:
1. 
2. 
3. 
4. 
5. 

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E.1 a. How leprosy is caused?
1. By germ
2. 
3. 
b. Can you name the germ which causes leprosy?
   1. Yes 2. No

c. Name it (as Mycobacterium lepra)

d. Is leprosy infectious?
   1. Yes 2. No

e. In both case give reasons.
   1. 
   2. 
   3. 
f. Is it necessary to isolate leprosy patient?
   1. Yes 2. No

g. Give reasons in both cases.
   1. 
   2. 
   3. 
h. What are earlier signs of leprosy?
   1. A pale or red patch on the skin & change texture of any part of the body.
   2. A raised or flat patch—dry, shiny or smooth
   3. A well demarcated patch on the skin which does not burn or pain.
   4. Loss of sensation in certain areas of the body with or without patch.

i. In your opinion in which of the following ways does the disease spread?
   1. Repeated close contact with infectious leprosy patient.
   2. Spread through cough, sneezing, sputum
   3. Nasal droplets
   4. Environmental factors viz. overcrowding, unhygienic conditions etc.
   5. The breathing in of Bacilli—laden droplets or dust through respiratory tract.
   6. Biting insects (mosquitoes, cockroaches, flies, bugs)
   7. Others (Specify)
j. How can you prevent this disease?

1. Early reporting for treatment
2. Take nutritious food
3. Keep the surrounding clean
4. Have less contact with affected patient
5. Avoid using the article of diseased persons
6. BCG vaccination
7. Others (Specify)  

k. What can you do about leprosy?

1. Educate oneself & discuss the correct information with friends & relatives.
2. Protect oneself against leprosy by having yearly medical check.
3. If we see the early sign of leprosy in anyone, encourage them to go for an immediate checkup.
4. Educate the family & others not reject leprosy patient
5. Accept them in community & family
6. Give them equal opportunities in every respect.

l. What are your belief about Leprosy?

1. Leprosy is one of the most ancient disease known to mankind.
2. Leprosy is always caused due to our sin.
3. Deformity is only caused by Leprosy.
4. Ignorance of the cause of disease leading to the belief that it is due to curse of God or it is hereditary.
5. People are generally ignorant of the curability of disease
6. It is just like other disease.
7. It is not communicable disease.
8. It is not infectious disease.
9. It is not a Venereal disease.
10. Early detection & treatment will prevent deformities, which are responsible for the social stigma.
E.2. a. When did KLEP start? (in 1955)

b. What are main objectives of KLEP?

1. To render all infectious cases non-infectious in a short period so as to interrupt the chain of transmission of the disease in the community.

2. To give adequate and regular treatment of all the existing and new cases, and cure them in a short period.

3. To prevent the emergence of drug-resistant strains of M. Leprae.

4. To ensure early detection and treatment of cases to prevent deformities.

5. To carry out systematic health education activities, with a view to disseminate important facts about leprosy and to remove social stigma.

6. To prevent the spread of leprosy

7. To eradicate leprosy

c. In which year your district had come under MDT Scheme? (in 1984)

d. Do you know what are the reasons why your district was put under MDT Scheme?

1. Because the District has P.R. more than 5 cases per 1000 population

2. District selected shall have been covered by LCU’s, ULC’s, & SET’s and there should be no unsurveyed virgin population.

e. What are the main objectives of MDT?

1. To render all infectious cases as non-infectious in a short period, so as to interrupt the chain of transmission of the disease in the community.

2. To give adequate and regular treatment to all the existing and new cases and cure them in a short period.

3. To prevent the emergence of drug-resistant strains of M. Leprae.

4. To ensure early detection and treatment of cases to prevent deformities.

5. To carry out systematic health education activities with a view to disseminate important facts about leprosy and to remove social stigma.

6. To prevent the spread of leprosy

7. To finally eradicate leprosy

f. In how many stages Multi Drug Treatment Project is implemented? (4 phase)
g. Name the Phase
1. Mobilisation phase
2. Planning and preparatory phase
3. Implementation phase
4. Maintenance phase

h. What is in Mobilisation phase?
1. Posting of all staff members in accordance with 6 & 7th plan pattern & provision of physical infrastructure.
2. Providing basic training to the staff members who have not been trained.
3. Survey to achieve detection of at least 80% of the total estimated case.
4. Involve other health staff.

i. What is in Planning & Preparatory phase?
1. Training of Personnel
2. Intensive HE to obtain voluntary case reporting
3. Screening of cases - criteria for selection
4. Preparation of case cards.
5. Preparation of various registers
6. Obtain necessary funds & drugs etc.

j. What is in Implementation phase?
1. Continue HE
2. Start MDT for all existing & new cases fit for MDT
3. Monitor regular drug delivery
4. Monitor for adverse reactions
5. Referral
6. Release from treatment; criteria for RFT
7. Surveillance-bacteriological examination, annually if possible
8. Monitor drug compliance
9. Release from control

k. What is in Maintenance phase?
1. Fresh efforts will be made to detect & treat the remaining newly developed or immigrant cases in the district so that all potential source of infection in the community are brought under MDT.
2. The pace of case detection, case treatment, health education, community participation & rehabilitation of patients will be maintained till all the cases are declared cured.
F. 1. a. What do you mean by passive case finding?

Passive case finding is largely dependent on voluntary reporting which should be encouraged by intensive health education, utilising all available resource, including mass media. Health education.

b. What do you mean by Active case finding?

Active case finding depends on identification of patients following total population surveys in endemic areas. Every effort should be made to achieve an examination coverage of at least 90% of the population in all the village during preparatory phase.

c. What do you mean by Relapse case?

A patient in whom treatment is terminated after having completed an adequate course of Multidrug treatment but who subsequently develops signs & symptoms of the disease either during the surveillance period or thereafter is considered to have "Relapsed."

F. 2. a. What are the early cardinal signs of Leprosy to classify the person suffering from Leprosy?

1. Characteristic skin lesions
2. Anaesthesia either partial or complete
3. Thickened Nerves.
4. Demonstration of M. Leprae in skin smears.

A case which satisfies at least two of the cardinal signs shall be diagnosed as a leprosy patient.

F. 3. What does the clinical examination include?

a. Skin lesions
   - Look for patches, papules, nodules and infiltration which is localised/diffused. These should be looked for particularly on the face, ears, back.

b. Make detailed note on
   - Colour: Hypopigmented, hyper pigmented or erythematous
   - Surface: Macule, papule, nodule, plaque or smooth shiny skin
   - Appearance: Dry, scaly, loss of hair, ulceration
   - Distribution on the body: single, multiple and area
   - Size and Symmetry
   - Border: Vague or well defined
   - Infiltration: degree and extent
   - Loss of sensation on the skin lesions.
c. Testing of Sensation for temperature, touch and pain.

- **Touch**: Tested with the help of a wisp of cotton, feather or Nylon fibre. Stroke should be limited to small areas as extending the stroke from an anaesthetic to non-anaesthetic area will evoke a response which will mislead the examiner. Loss of tactile sensation is called **anaesthesia**.

- **Temperature**: Placing test tubes, filled with hot (40°C) and cold (20°C) water alternatively in the suspected area.

- **Pain**: Tested with an ordinary safety pin. Loss of pain sensation is called **analgesia**.

The order of loss of sensation in leprosy are temperature, pain and touch.

### Nerve involvement

<table>
<thead>
<tr>
<th>Nerve</th>
<th>Site of Predilection</th>
<th>Signs elicited</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ulnar</td>
<td>above the ulnar grooves</td>
<td>Anaesthesia of Medial 1/3 of palm paralysis &amp; chawing of ring and little fingers and inability to hold these fingers in lumbrical position.</td>
</tr>
<tr>
<td>2. Median</td>
<td>Between palmar longus &amp; Corpi Radialis tendons at the wrist.</td>
<td>Anaesthesia of lateral 2/3 of palm, clawing of index and middle fingers and loss of opposition of thumb (usually associated with ulnar).</td>
</tr>
<tr>
<td>3. Radial</td>
<td>Radial groove</td>
<td>Inability to extend wrist</td>
</tr>
<tr>
<td>4. Lateral Popliteal</td>
<td>Neck of the Fibula</td>
<td>Inability to dorsiflex foot (foot drop)</td>
</tr>
<tr>
<td>5. Posterior Tibial</td>
<td>Posterior, inferior to medial malleolles</td>
<td>Clawing of toes and anaesthesia of sole of the foot</td>
</tr>
<tr>
<td>6. Facial Nerve</td>
<td>Motor branch</td>
<td>Lagophthalmos, inability or difficulty in closing eye lids.</td>
</tr>
<tr>
<td>7. Trigeminal Nerve</td>
<td>Sensory branch</td>
<td>Loss of sensation of Cornea.</td>
</tr>
</tbody>
</table>

**NOTE**: Motor function of nerves shall also be tested for weakness, paresis, paralysis wasting and deformities with regards to site and degree/severity.
A. Give the classification of Leprosy (WHO).

**PAUCIBACILLARY LEPROSY (P.B.)**
1. Intermediate Leprosy (I)
2. Primary neuritic Leprosy (PN)
3. Tuberculoid Leprosy (TT)
4. Borderline-tuberculoid Leprosy (BL)

**MULTIBACILLARY LEPROSY (MB)**
5. Mid-borderline leprosy (BB)
6. Borderline-lepromatous leprosy (BL)
7. Lepromatous Leprosy (LL)

B. What are the criteria for selection of MB Cases for MDT?
1. All skin smears positive patients irrespective of their classification.
2. All clinically active BB, BL and LL cases whether skin smear positive or negative.
3. All active BT cases with ten or more lesions irrespective of their smear status.
4. All skin smear positive relapses after Dapsone monotherapy or multidrug treatment irrespective of their classification.
5. Multi-bacillary patients on dapsone monotherapy who have become negative within the last 5 years.
6. Pauci-bacillary patients on multi drug treatment who at the end of 12 months of therapy show new lesions or extension of old lesions.
7. BT, TT cases who have not shown clinical improvement after 2 years of regular dapsone monotherapy; and
8. PB, MB relapses after MDT occurring within surveillance period.

C. What are the criteria for selection of PB Cases of MDT?
1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
What is the treatment Regime for MB cases?

Treatment Regimen for MB cases - Treatment is given for a period of 2 years as follows.

Rifampicin 600 mg. Once monthly supervised, Clofazimine 300 mg once monthly supervised, Clofazimine 50 mg daily self administered. Dapsone 100 mg daily self administered.

NOTE: Adults with body weight below 35 kgs should be given Rifampicin 450 mg on pulse day. The self administered Dapsone dosage should also be reduced to 50 mg. daily.

<table>
<thead>
<tr>
<th>DOSE FOR CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 to 9 years</td>
</tr>
<tr>
<td>Rifampicin 300 mg once monthly</td>
</tr>
<tr>
<td>Clofazimine 100 mg. once monthly &amp; 50 mg. twice weekly self-administered.</td>
</tr>
<tr>
<td>Dapsone 25 mg. daily self-administered.</td>
</tr>
</tbody>
</table>

e. What is the treatment Regimen for PB Cases?

Treatment Regimen for PB Cases:

Rifampicin 600 mg once monthly supervised and Dapsone 100 mg daily self-administration (for adults) for 6 months.

<table>
<thead>
<tr>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUGS</td>
</tr>
<tr>
<td>Rifampicin monthly</td>
</tr>
<tr>
<td>Dapsone daily</td>
</tr>
</tbody>
</table>

f. for the above treatment what type of patients should be included?

The proposed regimen is designed for the treatment for the following categories of Pauci-bacillary patients.

- all active PB cases on monotherapy, TT, NT, INH, Pure neuritis.
- newly diagnosed previously untreated PB patients; and
- dapsone treated paucibacillary patients who relapse and are smear negative.

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What do you mean by adequate treatment for M3 and P3 Cases?

**ADEQUATE TREATMENT:**
- 5 supervised monthly doses of Rifampicin in P3 case and
- 24 supervised monthly doses of Rifampicin in MB case (FDT)

What do you mean by regular treatment for M3 and P3 cases?

**REGULAR TREATMENT:**
- In case of P3: 6 supervised monthly doses in 9 months and the break should not be more than one month.
- In case of MB: 24 supervised monthly doses in the 36 months and the break should not be more than 2 months.

### Ask about the clinical characteristics of MB leprosy Case?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>LL</th>
<th>BL</th>
<th>BB</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legions</strong></td>
<td></td>
<td></td>
<td></td>
<td>More than 10 lesions</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>Macules, diffuse infiltration, papules, nodules</td>
<td>Macules, plaques, papules, infiltration</td>
<td>Macules/Plaques, hands, dome-shaped patches</td>
<td>Macules/Plaques, hands, dome-shaped patches</td>
</tr>
<tr>
<td><strong>Number</strong></td>
<td>Numerous, widely distributed</td>
<td>Many but normal skin areas present</td>
<td>Several normal skin areas present</td>
<td>10 or more normal skin areas present</td>
</tr>
<tr>
<td><strong>Distribution</strong></td>
<td>Symmetrical</td>
<td>Tend to be symmetrical</td>
<td>Asymmetrical</td>
<td>Asymmetrical</td>
</tr>
<tr>
<td><strong>Surface</strong></td>
<td>Smooth &amp; Shiny</td>
<td>Smooth &amp; Shiny</td>
<td>Shiny</td>
<td>Dry &amp; scaly</td>
</tr>
<tr>
<td><strong>Definitions</strong></td>
<td>Vague, margin imperceptibly merging with surrounding areas</td>
<td>Vague, sloping, merging outward</td>
<td>clear-out raising edges</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>Globin</strong></td>
<td>Globi +</td>
<td>Several</td>
<td>Many</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>Lepratin</strong></td>
<td>Negative</td>
<td>Negative</td>
<td>Doubtful</td>
<td>Positive</td>
</tr>
</tbody>
</table>

450
j. What are the clinical characteristics of FT Leprosy case?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>LL</th>
<th>BL</th>
<th>BB</th>
<th>BT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesions</td>
<td>Infiltrated patches</td>
<td>Infiltrated patches</td>
<td>Macule</td>
<td>Thickened tender nerve</td>
</tr>
<tr>
<td>Type</td>
<td>Infiltrated patches</td>
<td>Infiltrated patches</td>
<td>Macule</td>
<td>Thickened tender nerve</td>
</tr>
<tr>
<td>Number</td>
<td>Single or few</td>
<td>Single or few Satellite</td>
<td>Single or few Satellite</td>
<td>Single or few Satellite</td>
</tr>
<tr>
<td>Distribution</td>
<td>Localised &amp; asymmetrical</td>
<td>Note wide, asymmetrical</td>
<td>Variable</td>
<td>Localised</td>
</tr>
<tr>
<td>Surface</td>
<td>Dry, scaly</td>
<td>Dry scaly</td>
<td>May be smooth</td>
<td>Anaesthetic/anhydrous area</td>
</tr>
<tr>
<td>Definition</td>
<td>Well defined with clear cut margins</td>
<td>Well defined with clear cut margins</td>
<td>Not always well defined</td>
<td>Limited to the areas of supply</td>
</tr>
<tr>
<td>Sensation</td>
<td>Absent</td>
<td>Absent</td>
<td>Impaired</td>
<td>Absent</td>
</tr>
<tr>
<td>Lepromin</td>
<td>Strong +</td>
<td>Weakly+</td>
<td>Doubtful</td>
<td>Strongly +</td>
</tr>
</tbody>
</table>

F.5. What are the side effects of the following drugs?

a. Rifampicin:
1. Flushing or pruritis on the face and scalp.
3. Fever, Chills, malaise, headache, bones or joints (Flu Syndrome)
4. Shortness of breath, Renal failure & shock
5. Purpura, acute haemolytic anaemia
6. Liver failure, High risk of hepatitis specially in alcoholics
7. Reddish colouration of urine is common and may be explained before hand to the patients to lesion apprehension

b. Clofazimine:
1. Skin changes: Reversible, dose related reddish to brownish black discolouration specially on the exposed parts, Xerodema, Ichthyosis Pruritis, Phototoxicity, acneform eruptions.

c. Dapsone:
1. Hemolytic Anaemia
2. Agranulocytosis
3. Dapsone sensitivity
4. Fixed drug eruptions
When to refer the case to a specialist?
1. When there is no clinical improvement/clinical deterioration even after regular and adequate treatment.
2. When the case is having repeated severe reactions/neuritis.
3. Cases with acute complications.
4. Patients with deformities.

What do you mean by reaction and mention its type?

The term reaction is used to describe the appearance of signs and symptoms of acute inflammation in the chronic and incidious lesions of patient with leprosy. Some patients come for diagnosis for the first time with reaction. There are two types of reactions described in leprosy.

- TYPE I: Patient of border line leprosy are prone to Type-I reaction which is due to alteration in cell mediated immunity. Those on treatment improve their type-so called upgrading (CH1 increased). Those not on treatment worsen-so called down-grading.

- TYPE-II: In patients of LL and BL type there is humoral immunity but no cell mediated immunity. After treatment bacilli are fragmented and later become granular. At that time humoral anti-bodies form immune complexes with the elevation of complement and these immune complexes are deposited in various organs causing inflammation and type-II reaction.

Give the clinical feature of both type of reactions?

CLINICAL FEATURES OF TYPE-I REACTIONS:
Usually occurs in border line type of leprosy where lesions are usually in skin and nerves. So there will be signs of inflammation in skin and nerves.

1. SKIN: Patches become erythematous and swollen, tender sometimes get ulcerated and sometimes new lesions occur.

2. NERVE: Patient may complain of pain, along the course of nerves and severe tenderness on affected nerve. Shooting pains along the course of nerves. Sudden paralysis of muscles supplied by nerve may occur. Eg. Ulnar nerve: Pain behind elbow, clawing of ring and little fingers, sometimes the nerve get swollen suddenly or sometimes over a period of time. In some instances, without patient having signs and symptoms resulting in paralysis. This is called silent neuritis.

3. CONSTITUTIONAL SYMPTOMS: Usually constitutional symptoms like fever, body pains etc. are not common, usually the reactions occur within first six months of starting treatment. The reaction is graded severe if nerve is involved.
F.5. b. TYPE-II REACTIONS: Seen in lepromatous and border line leprosy
immune complexes are deposited in skin called ENL Nodules, nerves
(Neuritis), eye-iritis, testes-orchitis, bones-osteitis, joints-
arthritis, tendon sheaths (Synovitis)

1. CONSTITUTIONAL SYMPTOMS: Usually patients complain of fever, body
pains, joint pains, red nodules in the skin, pain along the course
of nerves, swelling of bones and joints, sometimes pain and swelling
in testicles.

2. SKIN: ENL (Erythema Nodosum Leprosum) are red, dome shaped, tender
nodules, usually appear in the evening, occur in crops, each crop
lasting three days. They blanch no pressure.

3. NERVES: Neuritis - Pain along the course of nerve, increased
tenderness of nerve, sudden nerve dysfunction.

4. EYE: Iritis causes redness in eye, photophobia, lachrymation

5. TESTES: Tests become swollen, patient has severe. Orchitis pain
Later the patients may develop Azoospermia and Gynaecomasia due to
repeated reactions.

6. BONES AND JOINTS: Arthritis, synovitis, Dactylitis can occur.

7. TYPE-II Reaction is graded as severe if ulceration of ENL,
Neuritis, Orchitis, Iritis or very high fever are present. Some
patients are prone to recurrence ENL reactions

8. Predisposing factors for reactors:
- Physical stress
- Psychological stress
- Infections
- Infestation
- Vaccination
- Certain drugs.

c. What is the treatment of reactions.

<table>
<thead>
<tr>
<th>TYPE-I</th>
<th>TYPE-II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. MILD</strong></td>
<td><strong>MILD</strong></td>
</tr>
<tr>
<td>Only skin lesions</td>
<td>Fever less than 102°F few ENL</td>
</tr>
<tr>
<td>Tab. Chloroquine 1tid+APC 1 TID for 1 week</td>
<td>treated Chloroquine 1tid + 1APC 1 TID for one week.</td>
</tr>
<tr>
<td><strong>2. SEVERE</strong></td>
<td><strong>SEVERE</strong></td>
</tr>
<tr>
<td>Neuritis is present ulceration of skin lesions present</td>
<td>When fever is more than 102°F</td>
</tr>
<tr>
<td>Tab. Prednisolone</td>
<td>Neuritis, Iritis, Orchitis is present</td>
</tr>
<tr>
<td>40 mg. 1st month</td>
<td>Prednisolone has to be given</td>
</tr>
<tr>
<td>30 mg. 2nd month</td>
<td>1st week 30 mg.</td>
</tr>
<tr>
<td>20 mg. 3rd month</td>
<td>2nd week 20 mg.</td>
</tr>
<tr>
<td>10 mg. 5th month</td>
<td>3rd week 10 mg.</td>
</tr>
<tr>
<td>5 mg. 5th month</td>
<td>4th week 5 mg.</td>
</tr>
</tbody>
</table>
5. c.

<table>
<thead>
<tr>
<th>cción</th>
<th>Reversal Reaction</th>
<th>Relapse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typl-I</td>
<td>Prednisolone should be given in single dose in the morning after food. Remember Prednisolone has to be given over period of 3 to 6 months. Watch for diabetes, Hypertension, Peptic Ulcer tuberculosis.</td>
<td></td>
</tr>
<tr>
<td>Typl-II</td>
<td>Reversal: Prednisolone has to be given only for weeks.</td>
<td></td>
</tr>
</tbody>
</table>

### 6. What is difference between reversal reaction and relapse

<table>
<thead>
<tr>
<th>1. Time interval</th>
<th>Generally occurs during chemotherapy or within 6 months of stopping the drug.</th>
<th>Usually occurs only when chemotherapy has been discontinued after an interval of usually more than 6 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Chat</td>
<td>Normal and Irritable</td>
<td>Slow and Inflexible</td>
</tr>
<tr>
<td>3. Old lesions</td>
<td>Extensive hair, ear, nose, and tonsils or tender.</td>
<td>Lesion may appear erythematosus and infiltrated but no tenderness.</td>
</tr>
<tr>
<td>4. New lesion</td>
<td>Several new lesions appear</td>
<td>Few lesions are minimal</td>
</tr>
<tr>
<td>5. Ulceration</td>
<td>Lesions may persist</td>
<td>Ulceration does not occur</td>
</tr>
<tr>
<td>6. Vary involvement</td>
<td>Multiple nervous involvement, cotton, painful and tender</td>
<td>Nerve involvement may occur only in the affected nerve; usually no pain or tenderness</td>
</tr>
<tr>
<td>7. General condition</td>
<td>Not usually affected</td>
<td>Not usually affected</td>
</tr>
</tbody>
</table>

### E. How many years of surveillance period?

- Typl-I & Typl-II Cases: 5 years after RIT
- Typl-II Cases: 2 years after RIT
F. 6. g. Why is the patient reviewed in surveillance period?

The patient is reviewed periodically for signs of relapse.

F. 7. a. How do you monitor the intake of drug?

(For persons who are working in the field)

1. Emphasizing its importance to the patient at the first visit and reinforcing this information at periodic intervals.

2. Random tablet counts by the Para-medical worker/Nonmedical Supervisor at least once in two months for every patient and more frequently in defaulters to detect irregularity in consumption. A record of these visits should be maintained in a register kept for this purpose.

3. Dispensing tablets and capsules in a plastic container wherever possible. Besides protecting the capsules/tablets it makes counting much easier.

4. Intensive health education to the patient and his family members during these visits to generate family pressures which can promote regularity in drugs intake and

5. Random spot testing of urine for detection of dapsone. Procedure for conducting spot test is given at Appendix-X.

b. How deformities are classified?

1. Those directly due to a large number of bacilli, stimulating greater granulation tissue such as medarosis, thickness of ear lobes and depression of cartilaginous part of the bridge of the nose.

2. Those due to partial or complete impairment of functioning of sensory nerves leading to anaesthesia burns or wounds, secondary infection of wounds, absorption of bones, shortening of fingers, toes etc.

3. Those due to motor nerve involvement lead to paresis or paralysis of muscles resulting in claw hand, wrist drop, foot drop, lagophthalmos etc.

c. How deformity can be prevented?

1. Care of anaesthetic hands.

- Avoidance of hand injury by way of burns, by keeping hands distant from heat sources, insulating the hands against heat and avoiding washing clothes in hot water, avoiding to hold rough/sharp objects and avoiding activity for long periods and avoiding much pressure to hands.

- Daily inspect (look, feel, think and learn) and soak in water, oiling rub off hard skin and exercise.

- Immediate care of wounds.
2. Case of anaesthetic feet:

- All day, avoiding of injury by wearing protective foot wear and avoiding walking long distances, taking long strides and avoiding heat and injuries to feet.

- Daily routine of foot inspections, skin care and exercise similarly in case of hands, i.e., soak in water, oiling rub-off hand skin and exercises.

- To prevent stiffening of joints and to correct the foot drop to a certain extent.

- Care of eyes with poor blink or inability to close the eye lids.

- Avoid eye dryness and injury by blink, protect the eye against dryness and dust by shielding the eyes from sunlight, wind and dust by wearing sunglasses with large lenses with side pieces and by wearing a hat with a long brim.

- Keeping the eyes clean.

- Covering the eyes at night.

- Once or twice in a day, inspect for an eye problem and take immediate action.

---

D. How to give the grade to the deformed patient of leprosy?

### Hands and Feet:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade '0'</td>
<td>No anaesthesia, no visible deformity or damage.</td>
</tr>
<tr>
<td>Grade '1'</td>
<td>Anaesthesia present, but no visible deformity or damage.</td>
</tr>
<tr>
<td>Grade '2'</td>
<td>Visible deformity or damage present.</td>
</tr>
</tbody>
</table>

---

### Eyes:

Eye problem includes corneal anaesthesia Lagophthalmos and iridocyclitis.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade '0'</td>
<td>No eye problem due to leprosy. No evidence of visual loss.</td>
</tr>
<tr>
<td>Grade '1'</td>
<td>Eye problem due to leprosy present. But vision not severely affected as a result (vision 6/60 or better). Patient can count fingers at six meters.</td>
</tr>
<tr>
<td>Grade '2'</td>
<td>Severe visual impairment vision (worse than 6/60) as a result patient can not count fingers at 6 meters.</td>
</tr>
</tbody>
</table>

---

Overall grading of the Patient:

It will often be necessary to provide information as an overall disability grading for the patient. In that case, the highest value of the leprosy disability grade for any part should be taken as the overall disability grading of the patient.
What is the criteria for discharge of M3 & P3 Patient?

All MB cases shall be discharged after 24 doses in a period of 36 months. All P3 cases shall be discharged after 6 pulses in 9 months. All PB cases with multiple lesions shall be clinically assessed and discharged if they satisfy the following criteria:

- No new lesions
- Extension of the existing lesions
- No neuritis

What do you advise to patient before discharge?

1. Regression or disappearance of skin patches will occur only gradually.
2. It is not necessary to seek treatment elsewhere and
3. If at any time new lesions appear or symptoms recur, he must report for examination and advice immediately.

What are the main objectives of information system for monitoring HDT Scheme?

1. Assess the project performance in relation to overall operational goals
2. Initiate reprogramming whenever necessary in response to feedback received.
3. Develop information systems to monitor the day-to-day activities and resource utilisation according to operational plan and
4. Develop skills among workers at various levels to interpret and analyse data for effective supervision and to teach them techniques of self-monitoring at their own levels.
5. The main indicators are the rates of prevalence case detection voluntary reporting, treatment compliance discharge, cure, surveillance, relapse lepromatous, child cases and deformity in new cases.
6. Monthly reports will be prepared by the District Leprosy Officer, on the basis of data received from Leprosy Control Units and forwarded to the State Leprosy Officer and Director General of Health Services. The State Leprosy Officer in turn will submit monthly reports on HDT districts with his comments to the Director General of Health Services Government of India.