Republic of Lebanon – Ministry of Public Health – Epidemiological Surveillance Program

Leprosy investigation form

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A Investigator

Name	Date of investigation	Entity/MOPH unit	Phone

B Reporter

Name	Date of reporting	Entity/Health unit	Phone

C Patient identity

Patient name	Gender	Date of birth (age)	Nationality
Type of residence	Caza of residence	Locality of residence	Phone
Detailed address			

D Clinical symptoms:

Date first symptom:			
Date of first diagnosis:			
Skin lesions:	□Yes	□No	□Unk
Hypopigmentation:	□Yes	□No	□Unk
Sensory deficit:	□Yes	□No	□Unk
Number:	|_____|		
Topography:	□Face & head	□Trunk	□Unk
	□Lower limbs	□Upper limbs	□Other, specify:
Deformity:	□Yes	□No	□Unk
Specify deformity:	□Face	□Upper limbs	□Unk
	□Lower limbs	□Other, specify:	

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Nerves lesions:		□Yes	□No	□Unk
	Thickness:	□Yes	□No	□Unk
	Topography:			
Form:		□Pauci-bacil	□Multi-bacil	□Unk
		□ Other, specify:		

E Family history

Relatives	Yes/No/Unk	Specify	Treated
Father & Mother	□Yes □No □Unk		
Grandparents	□Yes □No □Unk		
Uncles & Aunts	□Yes □No □Unk		
Siblings	□Yes □No □Unk		
Spouse(s)	□Yes □No □Unk		
Children	□Yes □No □Unk		
Other	□Yes □No □Unk		

E Laboratory diagnosis

Specimen	Dates	Test	Result

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F Treatment

Protocol	Dates	Treating physician	Duration	Notes
□ Dapsone □ Rifampicine □ Clofazimine □ Other:				
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G Household contacts

Name	Relationship	Year of birth	Regular medical screening					