



**IN STRICT MEDICAL CONFIDENCE**  
**HPA Centre for Infections**

**QUESTIONNAIRE FOR NEW LEPROSY CASES**

Please mark the appropriate space with an "X", or write in the space provided. Please also update any information if it is incorrect.

Last name:  
 First name:  
 Address: .

Register No:  
 LA District:  
 Consultant: Dr  
 Hospital:

1. **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_
2. **Ethnic Group:** (please mark appropriate space)
 

White	___	Black Caribbean	___	Black African	___
Black other	___	Indian	___	Pakistani/Bangladeshi	___
Chinese	___	Mixed	___	Not known	___
Anglo-Indian	___	Arab	___	Other	___
3. **Country of Birth:** \_\_\_\_\_
4. **GP:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
5. **Date patient last seen by Consultant Physician in charge:** «LastSeen».....
6. **Date Symptoms started:** .....
7. **Date of diagnosis:** .....
8. **Type of Leprosy:** (please mark appropriate space)
 

Lepromatous	___	Tuberculoid	___
Borderline lepromatous	___	Indeterminate	___
Mid-borderline	___	Neural	___
Borderline tuberculoid	___	Other or not known	___
7. **Does the patient have any disabilities due to leprosy?** Yes \_\_\_ No \_\_\_ Not known \_\_\_  
 If **Yes**, please specify Yes/No/Not known for each category by ticking appropriate box
 

Anaesthesia (severe enough to cause functional impairment)	___	___	___
Ulceration	___	___	___
Deformity e.g. claw hand and drop foot	___	___	___
Absorption/amputation of digit or limb	___	___	___
Severe loss of vision/blindness	___	___	___
Other	___	___	___

 If **Other**, please describe: .....

8. **Is the current illness a relapse of previous leprosy?** Yes \_\_\_ No \_\_\_ Not known \_\_\_

If **Yes**, please specify type of previous leprosy:

9. **CURRENT status of patient:** (please mark appropriate space)

On therapy \_\_\_\_\_

Completed therapy:

† no longer under surveillance \_\_\_\_\_

less than 5 years ago, remains under surveillance \_\_\_\_\_

† more than 5 years ago, remains under surveillance for complications \_\_\_\_\_

Permanently left country \_\_\_\_\_ Lost to follow-up \_\_\_\_\_

Deceased \_\_\_\_\_ Not known \_\_\_\_\_

Other \_\_\_\_\_

If **Other**, please describe: .....

10. **PREVIOUS antileprotic treatment:**

Has patient received any of the following: Yes No Not known

WHO Multi Drug Therapy (MDT)\*? \_\_\_\_\_

If **Yes**, in what year was chemotherapy stopped:

11. **CURRENT antileprotic treatment, if applicable:** Yes No Not known

(please specify for **each** category)

WHO Multi Drug Therapy (MDT)\* \_\_\_\_\_

Dapsone \_\_\_\_\_

Rifampicin \_\_\_\_\_

Clofazimine \_\_\_\_\_

Minocycline \_\_\_\_\_

Other(s) \_\_\_\_\_

If **Other(s)**, please specify .....

12. **How many contacts of the patient were examined?** .....

13. **How many contacts were 12 years of age or younger?** .....

14. **How many aged 12 years or younger were offered prophylaxis with rifampicin and dapsone?** .....

15. **Any other relevant information** .....

.....

.....

.....

Name of doctor completing form: .....

Address for Correspondence: .....

..... Date \_\_\_/\_\_\_/\_\_\_

***Thank you for your help***

**Please return to: Respiratory Department, HPA Centre for Infections, 61 Colindale Ave, London NW9 5EQ**

**FOR CfI USE:** Date Entered ...../...../..... Initials .....

† Patients in these categories are regarded as "cured". "Cured" has been defined as: "A patient who had completed the required period of surveillance following the completion of multidrug therapy, and had no evidence of clinical or bacteriological activity. WHO recommends that paucibacillary patients should be followed up for a minimum of 2 years, and multibacillary patients for a minimum of 5 years after completion of therapy".

\* The current WHO recommendations for standard Multi Drug Therapy (MDT) are:  
for paucibacillary leprosy: rifampicin (600mg once monthly) and dapsone (100mg daily), for six months.  
for multibacillary leprosy: rifampicin (600mg once monthly), dapsone (100mg daily), and clofazimine (300mg once monthly and 50mg daily), for 24 months.