

QUESTIONNAIRE ENGLISH FORM.

JIMMA UNIVERSITY INSTITUTE OF HEALTH SCIENCE

Questionnaire: Data Collection format for research paper entitled with “treatment outcome and its predictors among patients diagnosed with infectious keratitis in Jimma University Medical Center, South west Ethiopia from April to September, 30, 2019

A. Socio demographic characteristics	
1.Card Number and admission date	
3.Full diagnosis	
2. Age in (years)	
3. Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
4.Marital status	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
5.Adress	Rural <input type="checkbox"/> Urban <input type="checkbox"/>
7. Occupations	Laborers <input type="checkbox"/> Student <input type="checkbox"/> Teachers <input type="checkbox"/> Agriculture (Farm workers or farmer) Carpenter <input type="checkbox"/> Cleaner <input type="checkbox"/> Driver <input type="checkbox"/> Secretary <input type="checkbox"/> Others (specify) _____
8.Distance from hospitals in terms of hours	
9.Education level	No formal education <input type="checkbox"/> Preschool <input type="checkbox"/> 1-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> College and above <input type="checkbox"/>
B. ETIOLOGIC AGENTS AND CLINICAL MANIFESTATIONS	
1.Types of Keratitis	Fungal <input type="checkbox"/> Bacterial <input type="checkbox"/> Viral <input type="checkbox"/> Acantamoeba <input type="checkbox"/>
2.Chief compliant and other clinical features(Tick the one that was manifested by patient)	Redness of the eye. <input type="checkbox"/> Eye pain <input type="checkbox"/> Reduction of vision <input type="checkbox"/> Photophobi <input type="checkbox"/> Discharge from the eye (write type of discharge) _____ Others(specify) _____
3. Is the following Clinical features occurred on patient? (Tick only if occurred)	Satellite lesions <input type="checkbox"/> Gray-brown pigmentation <input type="checkbox"/> Anterior stroma with feathery margins, or elevated margin <input type="checkbox"/> Fine or coarse granular infiltrate within the epithelium <input type="checkbox"/> Other(specify) _____
4. Which Clinical feature occurred? (Tick only if	Prolonged fever <input type="checkbox"/> Recurrence <input type="checkbox"/>

occurred)	Upper respiratory tract infection <input type="checkbox"/> Foreign body sensation <input type="checkbox"/>
C. CLINICAL HISTORY (HPI)	
C.1 patients presentation	
C.1.1. Is the patient visited other health care system before attending JUMC Ophta clinic	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.1.2. If yes where was the place?	Hospital <input type="checkbox"/> Health center <input type="checkbox"/> Private Hospital <input type="checkbox"/> Private clinic <input type="checkbox"/> private Pharmacy <input type="checkbox"/> Traditional healers <input type="checkbox"/>
C.1.3. The time between onset of symptoms and Arrival to JUMC (Time of presentation) in days or hours	_____ in days
C.1.4. The disease involves which eye?	Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Both eyes <input type="checkbox"/>
C.2. What are Risk factors (predisposing factor part from HPI of patient card) for infectious keratitis?	
C.2.1. Contact lens use	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.2.2. Ocular trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.2.3. If Yes to the above question number two what type of trauma?	Vegetative material <input type="checkbox"/> wooden stick <input type="checkbox"/> Objects or stone <input type="checkbox"/> Metal piece <input type="checkbox"/> Ash or other powder <input type="checkbox"/> Cow <input type="checkbox"/> Finger nail <input type="checkbox"/> Insect bite <input type="checkbox"/> Other(specify) _____
C.2.4. Presence of keratopathy or ocular surface disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.2.5. If Yes for question number four above what were the ocular surface disease	Corneal irregular surface dueto previous surgical procedur <input type="checkbox"/> Epithelial defect <input type="checkbox"/> Herpetic keratitis (for bacterial and fungal only) <input type="checkbox"/> Dry eye with corneal involvemer <input type="checkbox"/> Glaucoma <input type="checkbox"/> Others (Specify)
C.2.6. Systemic condition (disease)	Diabetes(DM) <input type="checkbox"/> HIV <input type="checkbox"/> Terminal malignancy <input type="checkbox"/>

	Steroid or other immuno suppressant use <input type="checkbox"/> End organ failure <input type="checkbox"/> Mental illnes with poor self care <input type="checkbox"/> Others(specify) <input type="checkbox"/>
C.2.7. Traditional medicine use	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.2.8.If Yes for Question no 7 write the name of it	
C.2.9.Topical antibiotic usage (for bacterial keratitis only) and antiviral or anti-fungal use	Yes <input type="checkbox"/> No <input type="checkbox"/>
C.2.10.If Yes for question No 9 write the name strength, frequency and duration of antibiotic used.	_____
D.OBJECTIVE FINDINGS (P/E AND INVESTIGATIONS)	
3.2.1 If yes to question number 3.2 above location of epithelial ulcer	Central <input type="checkbox"/> Para central <input type="checkbox"/> Periphery <input type="checkbox"/> Nearly total <input type="checkbox"/> Total <input type="checkbox"/>
3.2.2 Ulcer size	Along larger axis _____(mm) Along minor axis _____(mm).
3.2.3.Epithelial defects shape	
3.2.4. Ulcer depth in (%)	$\leq 1/3$ <input type="checkbox"/> $1/3-2/3$ <input type="checkbox"/> $>2/3$ <input type="checkbox"/>
3.2.5 Infiltrate (write even if both eye involved for two of them)	
3.2.6 Thinning or perforation of the cornea	Yes No
3.2.7 Hypopyon size(If present)	_____mm
3.3.visual acuity measure for both eyes	
E.Diagnostic Investigation	
3.4 Investigationsdone for diagnosis and other purpose (culture, Ultrasound Gramstain,rheumatoid factor, OH mount complete blood count and others	Yes No
F.TREATMENT PART	
1.Initial empirical Topical antimicrobial usage (write The name dose, Frequency and duration of drug or drugs	
2. Is antipain and mydriatic agent used? Please write all	

current medication that the patient is taking				
3.Fortified Antibiotics used, the procedure done to prepare, place of preparation, duration of stay, place of storage and materials used to prepare it as well as who will administer it the care giver, patient him/her self or health care professionals (write briefly)				
Any surgical procedure and other non-pharmacological procedure done for the patient Follow up chart				
	Date	Date	Date	Date
G.Outcome measure				
	At admission	At discharge	At 1st follow up(for all)	At 2nd and 3rd follow up
G.1.1.Ulceration size				
G.1.2.Infiltrate size				
G.1.3. Hypopyon size				
G.1.4.Visual acuity				
G.1.5.Types of Complication (if occurred)				
G.1.6.Clinical change Occurred(explain briefly)				

G.1.7. Co morbidities				
H. Adherence to medication				
H.1. Do you ever forget to take your medicine.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H.2. Are you careless about taking your medicine?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H.3. When you feel better, do you sometimes stop taking your medicine?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H.4. Sometimes if you feel worse when you take your medicine, do you stop taking it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Table S1: Clinical diagnosis of infectious keratitis

Clinical features	Frequency	Percent
Redness,eyepain,reduction of vision,photophobia,discharge	62	47.3
Redness,eyepain,blurring vision, photophobia	50	38.2
Redness,eyepain,blurring vision	2	1.5
Redness, eye pain	2	1.5
Redness,eyepain,photophobia	5	3.8
Blurring of vision,photophobia,discharge	6	4.6
Redness,eyepain,reduction of vision,photophobia,discharge, tearing	1	0.8
Redness, reduction of vision, whitish lesion	2	1.5
Redness, reduction of vision, whitish discharge, tearing	1	0.8
Clinical manifestations used to diagnose fungal keratitis		
Satellite lesions, whitish pigmentation, feathery margins	10	43.4
Satellite lesions,pigmentation,feathery margins, granular infiltrate	5	21.7
Satellite lesion, feathery margins,	4	17.4
Satellite lesions, whitish pigmentation, granular infiltrate	2	8.7
Satellite lesions	1	4.4
Feathery margin and whitish pigmentation	1	4.4
Clinical manifestations used to diagnose viral keratitis		
Foreign body sensations, recurrence	45	77.6
Fever,recurrence,foreign body sensation	8	13.8
Fever, foreign body sensation, upper respiratory tract infection	3	5.2
Recurrence	1	1.7
Foreign body sensation	1	1.7