



References

- American Academy of Ophthalmology Preferred Practice Patterns Committee. (1997). *Pediatric eye evaluations*. Unpublished manuscript, San Francisco.
- American Hospital Association. (1978). *Estimated useful lives of depreciable hospital assets*. Unpublished manuscript, Chicago.
- Angle, J., & Wissmann, D. A. (1980). The epidemiology of myopia. *Am J Epidemiol*, *111*, 220-228.
- Au Eong, K. G., Tay, T. H., & Lim, M. K. (1993). Race, culture and myopia in young Singaporean males. *Singapore Med J*, *34*, 29-32.
- Auzemery, A., Andriamanahaja, R., & Boisier, P. (1995). A survey of the prevalence and causes of eye disorders in primary school children in Antananarivo. *Sante*, *5*(3), 163-166.
- Bailey, I. L., & Lovie, J. E. (1976). New design principles for visual acuity letter charts. *Am J Optom Physiol Opt*, *53*, 740-745.
- Boardman, A. E., Greenberge, D. H., Vining, A. R., & Weimer, D. L. (1996). Benefits and costs in different time periods: The mechanics of discounting, *Cost-benefit analysis: Concepts and practice*: Prentice-Hall International.
- Bradford, C. A. (1999). *Basic ophthalmology for medical students and primary care residents* (7th ed.). San Francisco: American Academy of Ophthalmology.
- Brown, G. C. (1999). Vision and quality-of-life. *Trans Am Ophthalmol Soc*, *97*, 473-511.
- Campbell, M. J. (2001). *Statistics at square two, Understanding modern statistical applications in medicine* (1st ed.). Bristol: The BMJ publishing group.
- Chen, P. C., Chang, R. J., Lee, D. A., & Wheeler, N. C. (1996). Prevalence of ocular disorders among 6- and 7-year-olds in Santa Monica, California. *J Am Optom Assoc*, *67*(6), 358-365.
- Cook, N. (2002). *Unit cost analysis of general hospital in Thailand. A case of Pranangkla Hospital*. Chulalongkorn University, Bangkok.
- Cooper, J. (1991). Stereopsis. In J. B. Eskridge & J. F. Amos & J. D. Bartlett (Eds.), *Clinical procedures in Optometry* (pp. 121-134). Philadelphia: J B Lippincott Company.
- Cummings, G. E. (1996). Vision screening in junior schools. *Public Health*, *110*(6), 369-372.
- Davidson, D. W. (1991). Visual acuity. In J. B. Eskridge & J. F. Amos & J. D. Bartlett (Eds.), *Clinical procedures in Optometry* (pp. 17-29). Philadelphia: J B Lippincott Company.
- Drummond, M. F., O'Brien, B. J., Stoddart, G. L., & Torrance, G. W. (1997). *Methods for the economic evaluation of health care programmes* (2nd ed.). New York: Oxford University Press, Inc.
- Enzenauer, R. W., Freeman, H. L., Larson, M. R., & Williams, T. L. (2000). Photoscreening for amblyogenic factors by public health personnel: the Eyecor Camera System. *Ophthalmic Epidemiol*, *7*(1), 1-12.

- Fletcher, R. H., Fletcher, S. W., & Wagner, E. H. (1996). *Clinical epidemiology: the essentials* (3rd ed.). Baltimore: Williams & Wilkins.
- Gilbert, C. (2001). New issues in childhood blindness. *J Comm Eye Health, 14*(40), 53-56.
- Gilbert, C., & Foster, A. (2001). Childhood blindness in the context of VISION 2020--the right to sight. *Bull World Health Organ, 79*(3), 227-232.
- Greenwald, M. J., & Parks, M. M. (2002). Amblyopia. In W. Tasman (Ed.), *Duane's Ophthalmology*. Hagerstown: Lippincott Williams & Wilkins Publishers.
- Grosvenor, T. (1988). Myopia in Melanesian school children in Vanuatu. *Acta Ophthalmol, 185*(supplement), 24-28.
- Hatch, S. W. (1998). *Ophthalmic research and epidemiology: evaluation and appreciation* (1st ed.). Boston: Butterworth-Heinemann.
- Jekel, J. F., Elmore, J. G., & Katz, D. L. (1996). *Epidemiology Biostatistics and Preventive Medicine* (1st ed.). Philadelphia: W B Saunders Company.
- Julesz, B. (1960). Binocular depth perception in computer-generated patterns. *Bell System Tech J, 39*, 1125-1162.
- Kalikivayi, V., Naduvilath, T. J., Bansal, A. K., & Dandona, L. (1997). Visual impairment in school children in southern India. *Indian J Ophthalmol, 45*(2), 129-134.
- Kniestedt, C., & Stamper, R. L. (2003). Visual acuity and its measurement. *Ophthalmol Clin N Am, 16*, 155-170.
- Koenig, H.-H., & Barry, J.-C. (2002). Economic evaluation of different methods of screening for amblyopia in kindergarten. *Pediatrics, 109*(4), 1-7.
- Konig, H.-H., & Barry, J.-C. (2002). Economic evaluation of different methods of screening for amblyopia in kindergarten. *Pediatrics, 109*(4), 1-7.
- Konig, H. H., Barry, J. C., Leidl, R., & Zrenner, E. (2002). Economic evaluation of orthoptic screening: results of a field study in 121 German kindergartens. *Invest Ophthalmol Vis Sci, 43*(10), 3209-3215.
- Kunavisarut, S. (1999). Screening for refractive error and strabismus. In S. Sunthorntham (Ed.), *Guidelines for examination and health promotion for Thai people* (pp. 272-278). Bangkok: Consortium of specialty training institutes of Thailand.
- Lin, L. L., Hung, P. T., & Ko, L. S. (1988). Study of myopia among aboriginal school children in Taiwan. *Acta Ophthalmol, 185*(supplement), 34-36.
- Lin, L. L., Shih, Y. F., Hsiao, C. K., Chen, C. J., Lee, L. A., & Hung, P. T. (2001). Epidemiologic study of the prevalence and severity of myopia among schoolchildren in Taiwan in 2000. *J Formos Med Assoc, 100*, 684-691.
- Negrel, A. D., Maul, E., Pokharel, G. P., Zhao, J., & Ellwein, L. B. (2000). Refractive Error Study in Children: Sampling and Measurement Methods for a Multi-Country Survey. *Am J Ophthalmol, 129*, 421-426.
- Pocket Thailand in figures, 2004*. (7th ed.)(2004). Bangkok: Alpha Research Co. Ltd.
- Preslan, M. W., & Novak, A. (1996). Baltimore Vision Screening Project. *Ophthalmology, 103*(1), 105-109.
- Ratanachu-ake, S., & Untanuvatana, J. (1993). Abnormal vision in Betong students. *Thai J Publ Hlth Ophthalmol, 7*(1), 1-9.
- Robinson, B., Bobier, W. R., Martin, E., & Bryant, L. (1999a). Measurement of the validity of a preschool vision screening program. *Am J Public Health, 89*(2), 193-198.

- Robinson, B., Bobier, W. R., Martin, E., & Bryant, L. (1999b). Measurement of the validity of a preschool vision screening program. *Am J Public Health, 89*(2), 193-198.
- Ross, J. E. (1983). Disturbance of stereoscopic vision in patients with unilateral stroke. *Behav Brain Res, 7*, 99-112.
- Rutstein, R. P., & Corliss, D. A. (2000). Distance stereopsis as a screening device. *Optom Vis Sci, 77*(3), 135-139.
- Schmidt, P. P. (1994). Vision screening with the RDE stereotest in pediatric populations. *Optom Vis Sci, 71*(4), 273-281.
- Strickland, J., & Strickland, D. L. (1996). Barriers to preventive health services for minority households in the rural south. *J Rural Health, 12*(3), 206-217.
- Taylor, H. R., & Keeffe, J. E. (2001). World blindness: a 21st century perspective. *Br J Ophthalmol, 85*(3), 261-266.
- Tong, L., Saw, S. M., Tan, D., Chia, K. S., Chan, W. Y., Carkeet, A., Chua, W. H., & Hong, C. Y. (2002a). Sensitivity and specificity of visual acuity screening for refractive errors in school children. *Optom Vis Sci, 79*(10), 650-657.
- Tong, L., Saw, S. M., Tan, D., Chia, K. S., Chan, W. Y., Carkeet, A., Chua, W. H., & Hong, C. Y. (2002b). Sensitivity and specificity of visual acuity screening for refractive errors in school children. *Optom Vis Sci, 79*(10), 650-657.
- Tong, P. Y., Bassin, R. E., Enke-Miyazaki, E., Macke, J. P., Tielsch, J. M., Stager, D. R., Sr., Beauchamp, G. R., & Parks, M. M. (2000). Screening for amblyopia in preverbal children with photoscreening photographs: II. Sensitivity and specificity of the MTI photoscreener. *Ophthalmology, 107*(9), 1623-1629.
- Wedner, S. H., Ross, D. A., Balira, R., Kaji, L., & Foster, A. (2000). Prevalence of eye diseases in primary school children in a rural area of Tanzania. *Br J Ophthalmol, 84*(11), 1291-1297.
- Westheimer, G. (1987). Visual Acuity. In R. Moses (Ed.), *Adler's physiology of the eye* (pp. 418). St. Louis: Mosby.
- World Health Organization regional office for South-east Asia. (2000a). *Elimination of avoidable blindness and launching of regional vision 2020, Report of SEARO/IAPB meeting, New Delhi, 28-30 September 1999*. New Delhi: World Health Organization.
- World Health Organization regional office for South-east Asia. (2000b). *Strategic plan for vision 2020: The right to sight. Elimination of avoidable blindness in the South-east Asia region*. New Delhi: World Health Organization.
- Zadnik, K., Satariano, W. A., & Mutti, D. O. (1994). The effect of parental history of myopia on children's eye size. *JAMA, 271*, 1323-1327.

Appendices

Appendix A

Sight for Kids Program

The Sight for Kids program (SFK) is the response to the WHO's suggestion to manage the childhood visual abnormality problems. The program established from the commitment of the Lions Clubs International to blindness prevention. The proposed project presented a flexible and innovative approach to training, screening and to treatment referral.

The ultimate goal of the SFK program is to establish a vision screening system integrated into school health program as well as to establish an effective referral system to create a strong healthcare network.

The SFK program is run by administrative board under the management of Lions SightFirst Project, Thailand. The program is run by cooperative participation from several institutes. The administrative structure of the SFK program is as followings.

Advisory Board

1. Ministry of Public Health (MOPH)
2. Bangkok Metropolitan Authority (BMA)
3. Royal Academy of Ophthalmology, Thailand
4. WHO/SEARO

Project director

Prof. Visuthe Tangsirikongkon, president of the Royal Thai Academy of Ophthalmology, Bangkok.

Dr. Somchai Wongwetsawat, Maharat Nakhon Ratchasima Regional Hospital

Assistant director

Dr. K. Konyama, Juntendo University School of Medicine Tokyo

Participating Institutions (National)

1. Department of Ophthalmology, Faculty of Medicine Ramathibodi Hospital, Mahidol University

2. Institute of Public Health Ophthalmology, Maharat Nakhon Ratchasima Regional Hospital

3. SightFirst Project, Thailand

4. Health Bureau, Bangkok Metropolitan Authority

Participating Institutions (Overseas)

Department of Ophthalmology, Juntendo University School of Medicine, WHO Collaborating Centre for Prevention of Blindness

Methodology of the SFK program

The SFK program started on August 2002. It is a 3-year-program to test for the school vision screening system in Thailand. The program is expected to finish in July 2005. The following technical components are included in the program activities:

I. Preparation Phase

Administrative preparation

Advocacy and Preparatory meetings

II. Materials Development Phase

Development of screening kits

1 Visual acuity charts

The visual acuity charts were designed for screening purpose and to be suitable for each age group. For screening the young age group, the chart will consist of minimal numbers of lines and optotypes. Testing lines of 20/20, 20/32, 20/40, 20/50, and 20/63 would be appropriate for the screening purpose. To accommodate the usual child behavior of memorizing the chart, several different charts were prepared. The optotypes in the charts for testing pre-elementary

school children were E-game types and those for children in primary level up were number optotypes.

2 Stereopsis test kit

The Frisby type stereo test was designed and used for the screening. A plexiglass sheet of 16 x 16 x 0.3 cm printed with a random dot stereogram (RDS) format. Each sheet has 4 RDS patterns, one of which has a target shape printed on the opposite surface. At the testing distance of 60 cm, the test has stereo-disparity of 75 seconds of arc.

3 The recording forms and/or software, and the referral forms

The recording forms and/or software, and the referral forms were prepared so that there will be standard data collection and referral system.

4. Training curriculum and hand-out materials

The training was a 3-hour training course. At the beginning, the target trainees were school teachers expected to participate in the screening program. Later in the program, the parents of the school children who are interested in the screening program will be invited. In each training session, the number of trainees should be 20-30. The trainees should be given a screening kit composes of screening charts, stereopsis test, recording form and referral forms. An educational compact disc on the screening process would be supply for each participating school.

The department of Ophthalmology, Ramathibodi hospital was responsible for design, preparation, and testing of the screening kits as well as the training curriculum and materials.

III. Training and Capacity-Building

Engagement of other Professional Institutions

1. Training for screeners

One training course with 20-30 participants will be conducted in the initial phase. Fifteen training courses are planned in the expansion phase. The participants are teachers, school administrators, and health care personnel interested in the screening program in the target areas. The training will cover the following topics:

- Importance of vision and effect of visual abnormality in children
- Refractive errors
- Vision screening methodology
- Record keeping and referral system procedures

2. Training for trainers

During the project which is targeted at screening school children, the training of trainers will be performed simultaneously with the training for screeners. The health personnel from the health bureau, Bangkok Metropolitan Authority will be invited to attend the courses. The separated training for trainers will be needed during the expansion of the screening program to a broader extent. Such training would include:

- Visual development and amblyopia
- Screening methodology
- Refractive errors
- Record keeping and referral system procedures
- Supervision techniques

The Institute of Public Health Ophthalmology, Maharat Nakhon Ratchasima Regional Hospital and the Department of Ophthalmology, Faculty of Medicine Ramathibodi Hospital, Mahidol University are responsible for the training activities.

IV. Field Trial of Screening kits and Service Delivery

One participating school was selected for field trial of screening kits and service delivery. Teachers interested in the screening program are invited to attend the training course. After training the screening is performed in the school. The children found abnormal will be referred for further treatment.

The Department of Ophthalmology, Faculty of Medicine Ramathibodi Hospital, Mahidol University and the Institute of Public Health Ophthalmology, Maharat Nakhon Ratchasima Regional Hospital are responsible for the training activities.

V. Screening, treatment and Referral System Improvement

After field trial and process adjustment, training courses will be performed to train screening teachers for 60 schools. Teachers in the target schools schedule the screening program for all children in the schools (total of 87,534 students). The screeners will maintain screening records and write the referral documents.

To promote the success of the screening program, the diagnostic eye care as well as the refractive service will be provided by mobile teams. All children with serious eye diseases will be taken care of in the nearby hospitals. The teachers will receive feedback information about the children's conditions and management plans. Children who need glasses but cannot afford the glasses will be supported. There will be some kind of incentive reinforcements for school and hospital personnel participating in the screening program.

The ophthalmic nurses will supervise and monitor the screening program in the participating schools to ensure the program develops and continues regular

operations. The program manager will monitor the progress of the program and the overall results, and will report back to the participant members.

VI. Review and Evaluation

One year review and planning meeting

Project end review and scale-up planning meeting.

After the completion of the SFK program, the result will be report to the Ministry of Public Health (MoPH). The model of school vision screening program will be transferred to the MoPH and be expanded to cover the whole country.

Appendix B

List of schools participated in the Sight for Kids Program

School name	District	Number of students
Wat Chaiyamonkol	Patumwan	488
W at Matchantikaram	Baansue	1,034
Kingpetch	Rajthewee	1,016
Chumchon Moo Ban Pattana	Klongteoi	1,068
Suwitseree Anusorn	Prawet	1,161
Bamrungrawiwon Vidhaya	Don Mueng	1,407
Wat Weruwanaram	Don Mueng	2,085
Pracha-utit	Don Mueng	2,637
Prachaniwet	Chatuchak	2,634
Senanikom	Chatuchak	1,496
Wat Ladprao	Ladprao	1,181
Klong Kum	Bueng Kum	1,901
Wat Sawettachat	Klongsan	1,304
Wat Thongpleng	Klongsan	1,330
W at Suttharam	Klongsan	1,248
Ban Bangkapi	Bangkapi	4,111
Wat Bangkradee	Bangkuntien	1,172
Wat Huakrabue	Bangkuntien	1,043
Wat Sakae Ngam	Bangkuntien	1,317
Wat Kampaeng	Bangkuntien	1,534
Wat Kok	Bangkuntien	869
Wat Samaedam	Bangkuntien	906

School name	District	Number of students
Wat Mali	Bangkok Noi	826
Chimplee	Talingchun	907
Wat Thongsamrit	Meenburi	566
Surao Saikongdin	Meenburi	1,515
Baan Koh	Meenburi	687
W at Ratchakosa	Ladkrabang	780
W at Sangkaraja	Ladkrabang	829
Wat Angkaew	Pasicharoen	1,478
Thai Niyomsongkroh	Bangken	3,479
Naganawa-upatham	Suanluang	1,653
Wat Pohthong	Jomthong	1,193
Wat Yairom	Jomthong	1,042
Wat Lamtoiting	Nongjok	594
Wat Sam Ngam	Nongjok	854
Surao Lamkaek	Nongjok	605
Ratana Jena-utit	Rasburana	1,027
Wat Bangpakok	Rasburana	2,879
Baankunpratet	Nongkaem	1,515
Wat Udomrangsi	Nongkaem	2,123
Pracharat Bampen	Hui Kwang	1,724
Wichutit	Din Daeng	1,812
Samsaennok	Din Daeng	4,082
Keha Tungsonghong Wittaya 1	Laksee	1,561
Karnkeha Tasai	Laksee	1,288
Saimai	Saimai	1,346
Wat Nongyai	Saimai	1,508

School name	District	Number of students
Samyak Klonglaoe	Sapansoong	888
Bangchan Pluemwittayanusorn	Klongsamwa	2,416
Wat Kubon	Klongsamwa	1,584
Surao Saensap	Klongsamwa	969
Wichit Wittaya	Wattana	1,007
Klong Nongyai	Bangkae	1,704
Wat Ratbamrung	Bangkae	1,690
Rungrueng-upatham	Bangna	1,373
Puranawas	Taweewattana	1,114
Praya Monthatsripijit	Bangbon	2,638
Poonsin	Prakanong	826
Bangyeekhan Vidhayakom	Bangplad	510

Appendix C

Questionnaire (English translation and the original Thai version)

Questionnaire

This questionnaire is a part of the study of cost-effectiveness of school vision screening programs in Bangkok. The objective is to get the information of the parents' responses if the school asks the parents to take the screening positive students to the hospital. The results will be useful for the program administrators to adjust the program in the future. This study is a part of the thesis by Dr. Prut Hanutsaha in the M.Sc. Programme in Health Economics, Chulalongkorn University.

After answering the questions, please return the questionnaire to the school teacher. If you have any questions please contact the Sight for Kids program coordinator (Khun Pranee Eiambunsert), phone 02-7149088 Ext 352.

The individual information that you answered will be kept secret. Only the collective information will be presented.

Please answer the following questions.

Information of the student with abnormal screening

1. Sex male female
2. Age _____ years
3. Currently study in _____ grade
4. School _____

Information of the parents and family

5. How many people are there in your family (including you)? _____ people.
6. How old is the father of the student? _____ years.

7. What is the highest education of the father?
- Primary school
 - Secondary school (or comparable)
 - Certificate level (or comparable)
 - Bachelor degree (or comparable)
 - Post graduate degree (or comparable)
8. What is the occupation of the father?
- Employee (temporary)
 - Employee (permanent)
 - Family business, self employ
 - Agriculture
 - Civil servant or employee of government enterprise
 - Other, specify _____
9. How old is the mother of the student? _____ years.
10. What is the highest education of the mother?
- Primary school (or comparable)
 - Secondary school (or comparable)
 - Certificate level (or comparable)
 - Bachelor degree (or comparable)
 - Post graduate degree (or comparable)
11. What is the occupation of the mother?
- Housewife
 - Employee (temporary)
 - Employee (permanent)
 - Family business
 - Agriculture
 - Civil servant or employee of government enterprise
 - Other, specify _____
12. What is the whole family income (includes the income of the father, mother, or other family members; includes wages, salary, profit, etc.) in one month? By average _____ Baht per month.
13. If your child has eye diseases, how much can you spend to treat the child without difficulty (not to borrow money from other people)? About _____ Baht per year.

14. If the school vision screening program found that your child may have eye problems, would you take you child to see the doctor or not?

- Yes, I will take the child to see the doctor certainly.
- Not sure. Because _____
- No. I will not take the child to see the doctor, because _____
-

15. If you take your child to have eye examination, which place will you go?

- Health center nearby
- Private clinic
- Public hospital
- Private hospital
- Other, specify _____

16. How long does it take to go to the health care facility in item 15? _____ minutes.

17. To take the child to the above health care facility, how much is the traveling cost?
_____ Baht.

18. In order to take the child to the above health care facility, do you have to loss any income or not (such as loss wages or profit)? If so, please estimate how much income will you loss? _____ Baht.

19. Do you know about the vision screening program in the school?

- Yes No

20. Do you satisfy the current school vision screening program or not?

- Yes No, because _____

21. Do you have any suggestion for the school vision screening program?

(Thank you very much for answering the questionnaire)

แบบสอบถาม
สำหรับโครงการคัดกรองสุขภาพตาในโรงเรียน (Sight for Kids)

แบบสอบถามนี้จัดทำขึ้นเพื่อหาข้อมูลเกี่ยวกับโครงการคัดกรองสุขภาพตาในโรงเรียน ข้อมูลเหล่านี้จะนำไปใช้เป็นส่วนหนึ่งของการศึกษาประสิทธิผล-ต้นทุนของโครงการคัดกรองทางตาในโรงเรียน ของนพ.ภฤศ หาญอุตสาหะ และใช้เป็นข้อมูลเพื่อปรับปรุงการดำเนินการคัดกรองสุขภาพตาในโรงเรียนต่อไป ขอให้ท่านผู้ปกครองใช้เวลาตอบแบบสอบถาม และส่งคืนที่ครู ภายในระยะเวลา 3 วัน หากมีปัญหาประการใด กรุณาโทรศัพท์สอบถามได้ที่ คุณปราณี เขี่ยมบุญเสริฐ (ผู้ประสานงานโครงการคัดกรองสุขภาพตาในโรงเรียน) โทรศัพท์ 02-7 149088 ต่อ 352

ข้อมูลที่ท่านตอบมานี้จะเก็บเป็นความลับ จะเปิดเผยเฉพาะข้อมูลที่ประมวลผลเป็นภาพรวมเท่านั้น

ข้อมูลเกี่ยวกับนักเรียนผู้ที่ทางโรงเรียนคัดกรองแล้วพบว่าผิดปกติ

1. เพศ ชาย หญิง
2. อายุ _____ ปี
3. เรียนอยู่ชั้น _____
4. โรงเรียน _____

ข้อมูลเกี่ยวกับครอบครัวและผู้ปกครองของนักเรียนที่ทางโรงเรียนคัดกรองแล้วพบว่าผิดปกติ

5. สมาชิกในครอบครัวของท่าน (นับรวมตัวท่าน) มีจำนวนทั้งหมด _____ คน
6. บิดาของนักเรียน อายุ _____ ปี
7. ระดับการศึกษาของบิดา
 - ประถมศึกษา
 - มัธยมศึกษา หรือเทียบเท่า
 - อนุปริญญา หรือเทียบเท่า
 - ปริญญาตรี หรือเทียบเท่า
 - สูงกว่าปริญญาตรี

8. อาชีพหลักของบิดา

- รับจ้าง (ชั่วคราว)
- รับจ้าง (ประจำ)
- ค้าขาย หรือทำกิจการส่วนตัว
- เกษตรกรรม
- รับราชการ รัฐวิสาหกิจ
- อื่น ๆ ระบุ _____

9. มารดาของนักเรียน อายุ _____ ปี

10. ระดับการศึกษาของมารดา

- ประถมศึกษา
- มัธยมศึกษา หรือเทียบเท่า
- อนุปริญญา หรือเทียบเท่า
- ปริญญาตรี หรือเทียบเท่า
- สูงกว่าปริญญาตรี

11. อาชีพหลักของมารดา

- แม่บ้าน
- รับจ้าง (ชั่วคราว)
- รับจ้าง (ประจำ)
- ค้าขาย หรือทำกิจการส่วนตัว
- เกษตรกรรม
- รับราชการ รัฐวิสาหกิจ
- อื่น ๆ ระบุ _____

12. รายได้รวมของครอบครัว (รายได้รวมของบิดา มารดา และสมาชิกในครอบครัว) (รวมเงินเดือน ค่าจ้าง ค่าตอบแทน กำไร ฯลฯ และรายได้อื่น ๆ) ประมาณเดือนละ _____ บาท

13. หากเด็กของท่านเป็นโรคตา ท่านสามารถใช้จ่ายเงินในการตรวจรักษาสุขภาพของเด็กได้ปีละเท่าใด โดยไม่ลำบากแก่ครอบครัว (เช่น ไม่ต้องกู้หนี้ยืมสิน) _____ บาท

14. หากทางโรงเรียนทำการตรวจคัดกรองทางตาให้กับบุตรหลานของท่าน และพบว่าอาจมีตาผิดปกติ ท่านจะพาบุตรหลานของท่านไปรับการตรวจรักษาต่อกับแพทย์หรือไม่

- พาไปแน่นอน
- ไม่แน่ใจ เพราะ _____
- พาไปไม่ได้ เพราะ _____

15. หากท่านจะพาบุตรหลานไปรับการตรวจรักษาโรคทางตา ท่านจะพาไปใช้บริการที่

- ศูนย์อนามัย ใกล้บ้าน
- คลินิก
- โรงพยาบาลของรัฐ
- โรงพยาบาลเอกชน
- อื่น ๆ ระบุ _____

16. ท่านต้องใช้เวลาเดินทางไปสถานบริการที่ท่านเลือกในข้อ 15 เป็นเวลาประมาณ _____ นาที

17. ในการพาเด็กไปรับการบริการตรวจรักษาตาที่สถานพยาบาลดังกล่าว ท่านต้องใช้ค่าใช้จ่ายในการเดินทางประมาณ _____ บาท

18. ในการพาเด็กไปรับการบริการตรวจรักษาตาที่สถานพยาบาลดังกล่าว ท่านจะต้องเสียรายได้หรือไม่ (เช่น ขาดรายได้จากการค้าขาย ขาดรายได้จากค่าแรง เป็นต้น) ท่านประมาณรายได้ที่ต้องเสียไป _____ บาท

19. ท่านได้รับทราบกิจกรรมที่ทางโรงเรียนดำเนินการตรวจคัดกรองทางตาให้กับบุตรหลานของท่านหรือไม่

- ทราบ ไม่ทราบ

20. ท่านพอใจในการดำเนินการโครงการตรวจคัดกรองโรคทางตาที่ทางโรงเรียนดำเนินการอยู่หรือไม่

- พอใจ ไม่พอใจ เพราะ _____

21. ท่านมีข้อเสนอแนะ หรือวิจารณ์การดำเนินการโครงการนี้อย่างไรบ้าง _____

ขอบพระคุณที่กรุณาตอบแบบสอบถามนี้

Curriculum Vitae

Name Prut Hanutsaha
Sex male
Nationality Thai

Permanent address 128/457 Payathai road,
Rajthwee, Bangkok 10400
Phone (66)+(0)2-2161678

Office Department of Ophthalmology
Faculty of Medicine Ramathibodi Hospital
Mahidol University
270 Rama 6 Road, Rajthwee
Bangkok 10400, Thailand
Phone (66)+(0)2-2011526 Fax (66)+(0)2-2011516
Email: raphn@mahidol.ac.th

Recent Publications

1. Fisher Y, Hanutsaha P, Tong S, Fenster A, Mazarin G, Madava N. Three-dimensional ophthalmic contact B-scan ultrasonography of the posterior segment. *Retina*. 1998;18(3):251-256.
2. Hanutsaha P, Guyer DR, Yannuzzi LA, Naing A, Slakter JS, Sorenson JS, Spaide RF, Freund KB, Feinsod M, Orlock DA. Indocyanine-green videoangiography of drusen as a possible predictive indicator of exudative maculopathy. *Ophthalmology*. 1998 Sep;105(9):1632-1636.
3. Vongthongsri A, Hanutsaha P, Nariphapan P, Lerdvitayasakul R. Laser in situ keratomileusis results of DOS and windows software versions for the Nidek EC-5000 excimer laser using the same nomogram. *J Refract Surg*. 2001 Mar-Apr;17(2 Suppl):S242-245.
4. Sirachainan N, Chuansumrit A, Hanutsaha P, Pakakasama S, Hongeng S. Preserving eye function in prematurely born children with severe protein C deficiency. *J Thromb Haemost* 2003; 1(8): 1858.

