



2. Corrective lenses obtained by subjective refraction for distance:

IF A SUBJECTIVE REFRACTION WAS NOT PERFORMED AT FOUR OR ONE METERS, ENTER THE DISTANCE SUBJECTIVE REFRACTION FROM EITHER THE BASELINE OPHTHALMIC EXAMINATION OR THE LAST OPHTHALMIC EXAMINATION, WHICHEVER IS MORE RECENT. INDICATE WHETHER PLUS OR MINUS SPHERES OR CYLINDERS WERE USED BY CIRCLING THE APPROPRIATE SIGNS. IF SPHERE, CYLINDER, AND AXIS ARE ALL ZERO, RECORD A CHECK MARK ( ) IN THE APPROPRIATE SPACE BELOW:

	Right Eye		Left Eye
a,b) Sphere	+ -    _ _ . _ _ _		+ -    _ _ . _ _ _
c,d) Cylinder	+ -    _ _ . _ _ _		+ -    _ _ . _ _ _
e,f) Axis	_ _ _ _		_ _ _ _
g,h) Sphere, cylinder, and axis all zero	( 1)		( 1)

3. Is there myopia greater than 7 diopters in one or both eyes?
- |      |      |
|------|------|
| No   | Yes  |
| ( 1) | ( 2) |

### C. VISUAL ACUITY MEASUREMENTS

Use ETDRS Visual Acuity CHART 1 for the RIGHT EYE and CHART 2 for the LEFT EYE.

1. What is the distance between the patient and the chart (record in meters to nearest 1/10 meter)? \_ . \_  
Meters
2. Letters correct at four meters distance:

CIRCLE EACH LETTER THE PATIENT IDENTIFIES CORRECTLY AND WRITE THE TOTAL CORRECT FOR EACH ROW IN COLUMN AT RIGHT. EACH ROW TOTAL MUST BE ENTERED.

REMEMBER: THE PATIENT STARTS AT THE TOP READING SLOWLY AND GETS ONLY ONE CHANCE AT EACH LETTER. PUSH THE PATIENT UNTIL HE/SHE CLEARLY DEMONSTRATES HE/SHE CANNOT READ OR GUESS LETTERS CORRECTLY.

RIGHT EYE - CHART 1

Acuity Equivalent	Chart 1 letters	Number Correct
20/200	N C K Z O	_____
20/160	R H S D K	_____
20/125	D O V H R	_____
20/100	C Z R H S	_____
20/80	O N H R C	_____
20/63	D K S N V	_____
20/50	Z S O K N	_____
20/40	C K D N R	_____
20/32	S R Z K D	_____
20/25	H Z O V C	_____
20/20	N V D O K	_____
20/16	V H C N O	_____
20/13	S V H C Z	_____
20/10	O Z D V H	_____

a) Total number correct at four meters    \_\_ \_\_

NOTE: DO NOT CHANGE TO CHART 2 UNTIL YOU HAVE CHANGED THE COVER TO THE PATIENT'S RIGHT EYE.

LEFT EYE - CHART 2

Acuity Equivalent	Chart 2 letters	Number Correct
20/200	D S R K N	_____
20/160	C K Z O H	_____
20/125	O N R K D	_____
20/100	K Z V D C	_____
20/80	V S H Z O	_____
20/63	H D K C R	_____
20/50	C S R H N	_____
20/40	S V Z D K	_____
20/32	N C V O Z	_____
20/25	R H S D V	_____
20/20	S N R O H	_____
20/16	O D H K R	_____
20/13	Z K C S N	_____
20/10	C R H D V	_____

b) Total number correct at four meters    \_\_ \_\_

IF THE TOTAL NUMBER OF LETTERS READ CORRECTLY IS GREATER THAN OR EQUAL TO 20 IN EACH EYE, PROCEED TO SECTION D.

IF TOTAL NUMBER OF LETTERS READ CORRECTLY WITH EITHER EYE IS LESS THAN 20, MOVE THE PATIENT TO A DISTANCE OF ONE METER FROM THE CHART AND TEST THE ACUITY AT THIS DISTANCE IN EACH EYE WITH LESS THAN 20 LETTERS CORRECT. ANSWER QUESTIONS 3 AND 4.



**D. INTRAOCULAR PRESSURE**

Use Goldmann applanation tonometry

1a,b) Intraocular pressure:

Right Eye		Left Eye
__ __ mm Hg		__ __ mm Hg

**E. SLIT-LAMP EXAMINATION**

1a,b) Is the lens missing?

Right Eye		Left Eye
No    Yes		No    Yes
( 1) ( 2)		( 1) ( 2)

2a,b) Is there evidence of definite iris neovascularization?

( 1) ( 2)		( 1) ( 2)
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IF YES, GONIOSCOPY SHOULD BE PERFORMED AND THE FOLLOWING ITEM SHOULD BE ANSWERED FOR THAT EYE.

c,d) Is there evidence of angle neovascularization?

( 1) ( 2)		( 1) ( 2)
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NOTE: BECAUSE GONIOSCOPY MAY INTERFERE WITH CORNEAL CLARITY AND AFFECT THE ABILITY TO TAKE ADEQUATE QUALITY PHOTOGRAPHS, IT IS RECOMMENDED THAT THE PATIENT RETURN FOR A SEPARATE VISIT IF POSSIBLE, OR THAT GONIOSCOPY BE DEFERRED UNTIL AFTER PUPILLARY DILATION AND FUNDUS PHOTOGRAPHY.

**F. OPHTHALMOSCOPIC EXAMINATION**

1a,b) Was the ophthalmoscopic examination of the fundus satisfactory?

Yes

Right Eye		Left Eye
( 1)		( 1)

Not entirely satisfactory, but performed

( 2)		( 2)
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Examination could not be performed

( 3)		( 3)
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IF YES FOR BOTH EYES, PROCEED TO QUESTION 2.  
IF NOT ENTIRELY SATISFACTORY FOR EITHER EYE OR IF EXAMINATION WAS NOT PERFORMED FOR EITHER EYE, ANSWER THE FOLLOWING ITEM FOR APPROPRIATE EYE.

c,d) Specify the main reason the fundus examination was unsatisfactory or could not be performed (CHECK ONLY ONE)

	Right Eye		Left Eye
Patient refused	( 1 )		( 1 )
Vitreous opacity	( 2 )		( 2 )
Vitreous hemorrhage	( 3 )		( 3 )
Lens opacity	( 4 )		( 4 )
Corneal opacity secondary to neovascular glaucoma	( 5 )		( 5 )
Other corneal opacity	( 6 )		( 6 )
Posterior synechia prevent dilation of pupil	( 7 )		( 7 )
Other (SPECIFY IN THE SPACE PROVIDED)	( 8 )		( 8 )
R - _____			
L - _____			

IF OPHTHALMOSCOPIC EXAMINATION COULD NOT BE PERFORMED FOR EITHER EYE (I.E., IF QUESTION 1 IS ANSWERED "NOT PERFORMED" FOR BOTH EYES), SKIP QUESTIONS 2 AND 3.

IF THE FUNDUS OF EITHER EYE IS EXAMINED, QUESTIONS 2-7 SHOULD BE ANSWERED FOR THAT EYE.

2a,b) Which statement best describes the clarity of the lens in each eye? (CHECK ONLY ONE)

	Right Eye		Left Eye
No lens opacity or some lens opacity but not sufficient to expect reduced visual acuity	( 1 )		( 1 )
Lens opacity sufficient to reduce visual acuity but not to less than 20/100	( 2 )		( 2 )
Lens opacity sufficient to reduce visual acuity to less than 20/100	( 3 )		( 3 )

3a,b) Are vitreous or preretinal hemorrhage present in any areas of the fundus?

Right Eye			Left Eye	
No	Yes		No	Yes
( 1 )	( 2 )		( 1 )	( 2 )

IF YES, ANSWER THE FOLLOWING ITEM FOR THAT EYE  
IF NO, PROCEED TO QUESTION 4.

	Right Eye			Left Eye		
	No	Yes		No	Yes	
c,d) Does hemorrhage obscure one or more disc areas of retina?	( 1 )	( 2 )		( 1 )	( 2 )	
<p><u>IF YES, ANSWER THE FOLLOWING ITEMS FOR THAT EYE.  </u>  <u>IF NO, PROCEED TO QUESTION 4.  </u></p> <p>Indicate areas in which vitreous or preretinal hemorrhage obscures one or more disc areas of retina:</p>						
e,f) Within seven standard fields			Right Eye ( 1 )			Left Eye ( 1 )
g,h) Outside seven standard fields but posterior to vortex ampullae			( 1 )			( 1 )
i,j) Anterior to vortex ampullae			( 1 )			( 1 )
4a,b) Are new vessels present on or within one disc diameter of the optic nerve head (NVD)?			Right Eye No Yes Quest. ( 1 ) ( 2 ) ( 3 )			Left Eye No Yes Quest. ( 1 ) ( 2 ) ( 3 )
<p><u>IF YES, ANSWER THE FOLLOWING ITEM FOR THAT EYE.  </u>  <u>IF NO, PROCEED TO QUESTION 5.  </u></p>						
c,d) Are the vessels greater than or equal to DRS Standard Photo 10A?			No Yes ( 1 ) ( 2 )			No Yes ( 1 ) ( 2 )
5a,b) Are new vessels elsewhere present?			No Yes Quest. ( 1 ) ( 2 ) ( 3 )			No Yes Quest. ( 1 ) ( 2 ) ( 3 )
<p><u>IF YES, ANSWER THE FOLLOWING ITEMS FOR THAT EYE.  </u>  <u>IF NO, PROCEED TO QUESTION 6.  </u></p>						
c,d) Are there new vessels within the seven standard fields?			No Yes ( 1 ) ( 2 )			No Yes ( 1 ) ( 2 )
e,f) Are there new vessels outside the seven standard fields?			( 1 ) ( 2 )			( 1 ) ( 2 )
g,h) Are the new vessels greater than or equal to 1/2 DA in size in any 30 degree field?			( 1 ) ( 2 )			( 1 ) ( 2 )
6a,b) Is there retinal thickening within one disc diameter of the center of the macula, i.e., within a circle two disc diameters in diameter centered on the macula?			Right Eye No Yes Quest. ( 1 ) ( 2 ) ( 3 )			Left Eye No Yes Quest. ( 1 ) ( 2 ) ( 3 )
<p><u>IF YES OR QUESTIONABLE, ANSWER THE FOLLOWING ITEMS FOR THAT EYE.  </u>  <u>IF NO, PROCEED TO QUESTION 7.  </u></p>						
c,d) Is the center of the macular involved?			( 1 ) ( 2 ) ( 3 )			( 1 ) ( 2 ) ( 3 )
e,f) Are cystoid changes present?			( 1 ) ( 2 ) ( 3 )			( 1 ) ( 2 ) ( 3 )

	Right Eye	Left Eye
	No    Yes	No    Yes
	( 1) ( 2)	( 1) ( 2)
7a,b) Are high risk characteristics present?		
IF YES, ANSWER THE FOLLOWING ITEM FOR THAT EYE.		
IF NO, PROCEED TO QUESTION 8.		
c,d) Do you plan to perform photocoagulation?	( 1) ( 2)	( 1) ( 2)
IF YES, PROCEED TO QUESTION 8.		
IF NO, ANSWER THE FOLLOWING ITEM FOR THAT EYE.		
e,f) Why do you not plan photocoagulation in the eye(s) with high risk characteristics? (CHECK ALL THAT APPLY)		
Patient refuses	( 1)	( 1)
Unable to treat due to hemorrhage	( 1)	( 1)
Unable to treat for other reason*	( 1)	( 1)
*Specify reason: _____		
_____		
Would prefer not to treat	( 1)	( 1)
Other; specify: _____	( 1)	( 1)
_____		
8a,b) Is there any other major ophthalmoscopic abnormality such as retinal detachment, photocoagulation scars, fibrous/glial proliferations, vein occlusion, etc.?	Right Eye No    Yes ( 1) ( 2)	Left Eye No    Yes ( 1) ( 2)
IF YES, DESCRIBE:		
_____		
_____		
_____		
_____		



Type or print name of Ophthalmologist performing eye examination:	Certification Numbers (if any)
	-

Type or print name of individual performing visual acuity examination:	
	-

Type or print name of Study Coordinator or other person who reviewed the form for completeness:	
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