

A1. Site/Study ID #: _____ / _____ A2. Date: _____ / _____ / _____ A3. Staff Initials: _____
Month Day Year
 A4. Follow-up visit (month): 2 Week 1 2 3 6 OR Age: _____ mo/yr To DCC

SECTION J: Cataracts

J1. Ophthalmologist performed examination ZSJJ01HO V2(2): 1. No → End 2. Yes →
 Date (mm/dd): ZSJJ01MM V2(2)/ ZSJJ01DD V2(2)/ ZSJJ01DT

a. Results: ZSJ01ANO V2(2) 1. Normal → END 2. Abnormal

		Absent	Present		Eye affected		
					Right	Left	Both
b.	Cataracts ZSJ01BCA V2(2)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	ZSJ01BRL V2(2)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
d.	Posterior embryotoxon ZSJ01DPE V2(2)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	ZSJ01DRL V2(2)→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
e.	Retinitis ZSJ01ERE V2(2)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	ZSJ01ERL V2(2)→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
f.	Abnormal retinal pigmentation ZSJ01FAR V2(2)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	ZSJ01FRL V2(2)→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
g.	Other _ ZSJ01GOT V2(2)/ ZSJ01GPE V2(200)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	ZSJ01GRL V2(2)→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>

Investigator Signature: ZSJINSIG V2(2) Date: ZSJSIGMM V2(2)/ ZSJSIGDD V2(2)/ ZSJSIGYY V2(4)/ ZSJSIGDT
Month Day Year

ZBJCMMNT Comment. V 2(2)