

# OHTS Pachymetry Data Collection: PY

Patient ID:

Date:   /   /    
mm dd yy

- Pachymetry is performed in OHTS I and also in OHTS II.
- Patient is remeasured after intraocular surgery or photorefractive surgery.
- Do pachymetry on any visit on an undilated eye after tonometry and fields.
- Send to Coordinating Center with examination data.

1. Reason(s) for pachymetry measurement: (Check all that apply)

	OD	OS	OU
a. OHTS II pachymetry measurement taken after January, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Remeasurement due to unuseable data after January, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Measurement following intraocular surgery after January, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Measurement following photorefractive surgery after January, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (describe) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Check pachymeter used: DGH 500  DGH 550

3. DGH 500 Probe Quality Factor (PQF):     
(If PQF is 84 or less, call Pachymetry Study Coordinator at (916) 734-6316. Do not take pachymetry measurements.)  
*PQF required for DGH 500 only. PQF is an automated function on the DGH 550.*

4. Measurements: (Five per eye required using DGH 500 or DGH 550 model)

	OD		OS
a.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
b.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
c.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
d.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
e.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

Performed by:

Performed by:

Form Completed by (PI or CC):