OHTS Unscheduled Visit: UN

Patient ID: SITE | IDNUM | NAMECODE

Date: EXAMDATE = FORMDATE
mm dd yy

MODULE: UNREASONS

Reason for Unscheduled Visit

*** On any given page, any section started should be completed.**

Check all that apply:

1. Confirmation of IOP ..... CONFIRMIOP
   - ➢ Complete Snellen, IOP, Ocular Exam, and Ocular Medication modules
2. Medication distribution ..... MEDDIST
   - ➢ Complete Ocular Medication module
   - ➢ Schedule a confirmation visit if applicable
3. Pre- or Post-Op eye surgery ..... POPEYESURG
4. Visual Fields
   a. Repeat unreliable fields ..... REPEATVF
   - ➢ Complete Visual Field module for affected eye(s)

   b. Confirm suspected field abnormality ..... CONFIRVF
   - ➢ Complete Refraction, Snellen, Ocular Exam, and Visual Field modules
5. Optic Disc photographs ..... REPEATPHOTOS
   - ➢ Complete Optic Disc photos module for affected eye(s)
6. Patient initiated visit due to symptoms ..... PTINIT
   - ➢ Patient completes Symptom Checklist before exam
   - ➢ Review Symptom Checklist with patient and complete AE, as needed
7. OHTS II Transition Visit, check here UNOHTS2TV
   - ➢ Complete a Transition Visit Status (TV) form and mail to Coordinating Center
   - ➢ Complete IOP and Ocular Medication modules
   - ➢ Schedule a confirmation visit if applicable
8. Other reason – Explain: _____ FT_OTHRSN _____ OTHRSN

9. Was information on this form obtained from a non-OHTS Office? ..... NONOHTS
10. Was information on this form obtained from a non-OHTS visit (eye glasses, etc.)?
    Explain: _____ FT_NONOHTSV _____ NONOHTSV

Form Completed By (PI or CC): UNFORMBY

Comments: FT_MODUNREASONS

OR_MODUNREASONS

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Refraction

MODULE: Refraction

(DRVS refraction protocol and Snellen visual acuity are only required for confirmation of visual field abnormality)

1. Refraction OD REFSN1OD Plus Minus REFCYLD1 . REFCYLD2 REFSN2OD Plus Minus REFSPHD1 . REFSPHD2 x REFAXSOD

2. Refraction OS REFSN1OS Plus Minus REFCYLS1 . REFCYLS2 REFSN2OS Plus Minus REFSPHS1 . REFSPHS2 x REFAXSOS

Comments: FT_MODREFRACTION OR_MODREFRACTION

Refraction taken by REFBY

MODULE: Snellen V.A.

Snellen Visual Acuity

				Or choose				
1.	Snellen visual acuity	OD	VAOD1 VAOD2	○ CF	○ HM	○ LP	○ NLP	VAOD_ALT
2.	Snellen visual acuity	OS	VAOS2 VAOS2	○ CF	○ HM	○ LP	○ NLP	VAOS_ALT

Comments: FT_MODSNELLEN OR_MODSNELLEN

Snellen acuity taken by VABY

OHTS Unscheduled Visit: UN

- **IOP is measured by two people**
  - **the OPERATOR aligns the mires**
  - **the RECORDER reads the dial**

Patient ID: SITE IDNUM NAMECODE

Date: EXAMDAT (mm dd yy)

MODULE: IOP Determination

IOP Determination

		OD	OS
1.	**Time of measurement** IOPTIME1 ☐ am ☐ pm		
2.	**1st IOP**	IOP1_1OD	IOP1_1OS
3.	**2nd IOP**	IOP1_2OD	IOP1_2OS

Are the 1st and 2nd IOP determinations less than or equal to 2 mm Hg apart?
Yes: Enter their average on line **6**. **No:** Take a 3rd reading and enter on line **5**.

4.	**3rd IOP**	IOP1_3OD	IOP1_3OS

➢If a 3rd IOP is taken, enter the median (middle value) of 1st, 2nd, and 3rd IOP on line **5.**

5.	**IOP Result** ➢Round to nearest whole number ➢Round up when decimal is .5 or greater	IOP1OD	IOP1OS
6.	**Patient's Study Goal**	IOPGOALOD	IOPGOALOS

7. **Check here if using a Non-Goldmann Tonometer .....** NONGOLDMANN

Operator Certification IOP1OPBY

Recorder Certification IOP1RCBY

8.	**Is IOP goal met?** IOP1METD	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable IOP1METS
9.	**If IOP goal is met, you have three options:**	IOP1MNCD	IOP1MNCS
a.	No change in treatment regimen	☐ IOP1MSXD	☐ IOP1MSXS
b.	Change treatment regimen due to symptoms ..... ➢**Complete Adverse Event Form**	☐ IOP1MOTD	☐ IOP1MOTS
c.	Change treatment regimen for other reason(s) describe: FT_IOP1MOTD FT_IOP1MOTS	☐	☐
10.	**If IOP goal is not met, you have six options:**	IOP1NSRD	IOP1NSRS
a.	Instruct patient to use eye drops on schedule..... ➢Schedule return visit in 4 ± 2 weeks	☐ IOP1NCMD	☐ IOP1NCMS
b.	Change medication this visit..... ➢Schedule return visit in 4 ± 2 weeks	☐ IOP1NSXD	☐ IOP1NSXS
c.	Change medication due to symptoms ..... ➢Schedule return visit in 4 ± 2 weeks ➢**Complete Adverse Event Form**	☐ IOP1NMMD	☐ IOP1NMMS
d.	No change, already on maximum meds	☐ IOP1NMPD	☐ IOP1NMPS
e.	No change, patient declines medications	☐ IOP1NOTD	☐ IOP1NOTS
f.	Other action, describe: FT_IOP1NOTD FT_IOP1NOTS		☐

Comments: FT_MODIOP

OR_MODIOP

OHTS Unscheduled Visit: UN

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MODULE: Ocular Examination

Summary of Ocular Examination

1. **External examination:**

EXTEXAMD

OD
☐ Normal
☐ Abnormal, describe:
FT_EXTEXAMD

EXTEXAMS

OS
☐ Normal
☐ Abnormal, describe:
FT_EXTEXAMS

2. **Slit lamp examination:**

SLEXAMD

OD
☐ Normal
☐ Abnormal, describe:
FT_SLEXAMD

SLEXAMS

OS
☐ Normal
☐ Abnormal, describe:
FT_SLEXAMS

3. **Direct ophthalmoscopic examination:**

OPHEXAMD

OD
☐ Normal
☐ Abnormal (other than disc hemorrhage), describe:
FT_OPHEXAMD

OPHEXAMS

OS
☐ Normal
☐ Abnormal (other than disc hemorrhage), describe:
FT_OPHEXAMS

4. **If disc hemorrhage:** (check here)

DISCHEMD **OD** Yes (list clock hours):
CLCKHRD1 to CLCKHRD2

DISCHEMS **OS** Yes (list clock hours):
CLCKHRS1 to CLCKHRS2

5. **Investigator answers the following question:**
Has patient developed any condition(s) that can cause visual field loss (pituitary lesion, demyelinating disease, pseudotumor, etc.)? ..... ☐ Yes ☐ No CONDVFL
If yes, describe FT_CONDVFL

Investigator Certification: OPDBY

Comments: FT_MODOCEXAM

OR_MODOCEXAM

OHTS Unscheduled Visit: UN

➢**Dispense sufficient medication for 6 months.**
➢**"Qty" refers to number of bottles dispensed.**

MODULE: Ocular Meds

Patient ID: SITE IDNUM NAMECODE

Date: EXAMDAT
mm dd yy

Ocular Medication Prescribed — Ocular Medication Dispensed

	OD	OS	# of Bottles Dispensed	Bottle Size (ml)	✓ if NOT from OHTS supply	Dosage (# times daily) *optional*
1. Beta-Blockers						
Betoptic S 0.25%	BETOP25D	BETOP25S			☐	_____
Betagan 0.25%	BETAG25D	BETAG25S			☐	_____
Betagan 0.50%	BETAG50D	BETAG50S			☐	_____
Betimol 0.50%	BETIM50D	BETIM50S			☐	_____
Timoptic 0.25%	TIMOP25D	TIMOP25S			☐	_____
Timoptic XE 0.25%	TIMOX25D	TIMOX25S			☐	_____
Timoptic 0.50%	TIMOP50D	TIMOP50S			☐	_____
Timoptic XE 0.50%	TIMOX50D	TIMOX50S			☐	_____
Timoptic PsF 0.25%	TIMPF25D	TIMPF25S			☐	_____
Timoptic PsF 0.50%	TIMPF50D	TIMPF50S			☐	_____
OptiPranolol 0.30%	OPTIP30D	OPTIP30S			☐	_____
Carteolol 1.0%	CARTEOL1D	CARTEOL1S			☐	_____
2. Epinephrine/Dipivefrin						
Propine 0.1%	PROPI1D	PROPI1S			☐	_____
3. Alpha 2 Agonists						
Iopidine 0.5%	IOPID05D	IOPID05S			☐	_____
Alphagan-P 0.15%	ALPHP15D	ALPHP15S			☐	_____
4. Topical Carbonic Anhydrase Inhibitor						
Trusopt 2.0%	TRUSOPTD	TRUSOPTS			☐	_____
Azopt 1.0%	AZOPT1D	AZOPT1S			☐	_____
5. Prostaglandin Analogue						
Xalatan 0.005%	XALA005D	XALA005S			☐	_____
Rescula 0.15%	RESCU15D	RESCU15S			☐	_____
Lumigan 0.03%	LUMIG03D	LUMIG03S			☐	_____
Travatan 0.004%	TRAV004D	TRAV004S			☐	_____
6. Combination Therapy (Beta-Blocker/Topical Carbonic Anhydrase Inhibitor)						
Cosopt	COSOPTD	COSOPTS			☐	_____

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➢**Dispense sufficient medication for 6 months.**
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MODULE: Ocular Meds

Ocular Medication Prescribed — Ocular Medication Dispensed

1. Miotics	**OD**	**OS**	**# of Bottles Dispensed**	**Bottle Size (ml)**	**✓ if NOT from OHTS supply**	**Dosage (# times daily) *optional***
Pilopine gel 4.0%	PILOG4D	PILOG4S			☐	_____
Pilocarpine 1.0%	PILOC1D	PILOC1S			☐	_____
Pilocarpine 2.0%	PILOC2D	PILOC2S			☐	_____
Pilocarpine 4.0%	PILOC4D	PILOC4S			☐	_____
Pilocarpine 6.0%	PILOC6D	PILOC6S			☐	_____
Carbachol 1.50%	CARB150D	CARB150S			☐	_____

2. Other Ocular Hypotensive

Describe:_____ OTHMEDD OTHMEDS | | | ☐ | _____

3. If medication was not prescribed for one or both eyes check the following:

Eye(s) NOMEDEYE

None – OD ☐
None – OS ☐
None – OU ☐

Reason (Check all that apply)

☐ **One-Eyed Trial** NOMEDR1I
☐ **Adverse Event (Complete AE Form)** NOMEDRAE
☐ **Treatment Change approved** NOMEDRTC
☐ **IOP goal met without medication** NOMEDRIOPMET
☐ **Patient declines medication (Check reasons):** NOMEDRPD

NOMEDRPDSE ☐ Side effects
NOMEDRPDI ☐ Inconvenient
NOMEDRPDU ☐ Unable to self-dispense eye drops
NOMEDRPDNN ☐ Patient thinks medications are not necessary
NOMEDRPDENUF ☐ Patient feels he/she is already taking enough medications
NOMEDRPDPP ☐ Personal philosophy
NOMEDRPDOT ☐ Other, describe: _____ FT_NOMEDRPOT _____
NOMEDREN **POAG Endpoint Reached**
NOMEDROT **Other reason, describe:** _____ FT_NOMEDROT _____

Investigator Certification MEDSBY

Comments:

FT_OCMEDS OR_OCMEDS

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MODULE: V.F. Series

Humphrey 30-2 Visual Field Series

- **Use OHTS certified perimeter only**
- **Ship diskette and printout to VFRC ASAP**
- **If 1st field is unreliable, repeat the field in ≥1 hour or schedule a visit in 4 ± 2 weeks using the Unscheduled Visit: UN form**

1. Were Visual Fields taken for this patient? ☐ OU ☐ OD ☐ OS ☐ Neither FIELDSDONEB

2. If not, explain: FT_FIELDSDONE

Comments: FT_MODVF OR_MODVF

MODULE: Optic Disc Photo

Stereo Optic Disc Photography

- **Send checklist and photos to ODRC within 1 week**
- **If photos are missed, send checklist to ODRC (Reminder: Take photos as soon as possible)**

1. Were Optic Disc Photos taken for this patient? ☐ OU ☐ OD ☐ OS ☐ Neither PHOTOSDONEB

2. If not, explain: FT_PHOTOSDONE

Comments: FT_MODPHOTOS OR_MODPHOTOS

If patient signed OHTS II consent,
complete a new Transition Visit Status (TV) form.

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