

OHTS 20-year Follow-up Test and Measures for Repeat Visits: RV

Patient ID:

Visit Date: / /
mm dd yy

	Check Completed Modules	Page Number
<input type="checkbox"/>	Snellen VA	2
<input type="checkbox"/>	IOP	3
<input type="checkbox"/>	Ocular Examination * Only dilate if repeat photos required	4
<input type="checkbox"/>	Humphrey VFs (if required)	5
<input type="checkbox"/>	Disc Photography (if required)	6
<input type="checkbox"/>	OCT (if required)	7

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MODULE: Snellen VA

Snellen V.A.

Or choose

1. Snellen visual acuity OD / CF HM LP NLP
2. Snellen visual acuity OS / CF HM LP NLP

Snellen acuity taken by

Snellen VA Comments:

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MODULE: Ocular Examination
*Only dilate if repeat photos required

Ocular Examination

1. **Date ocular exam completed** / /
mm dd yy

2. **External examination:**

OD Normal Abnormal, describe: _____

OS Normal Abnormal, describe: _____

3. **Slit lamp examination:**

OD Normal Abnormal, describe: _____

OS Normal Abnormal, describe: _____

4. **Presence of pseudoexfoliation (Not required for repeat visits)**

5. **Direct ophthalmoscopic examination:**

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

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

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

OD Yes (list clock hours): : to :

OS Yes (list clock hours): : to :

7) **Investigator answers the following question:**

Has patient developed any condition(s), other than glaucoma, that can cause visual field loss and/or disc damage (branch vein occlusion, ischemic optic neuropathy, macular degeneration, pituitary lesion, demyelinating disease, pseudotumor, etc.)?

OD Yes No

OS Yes No

7a) If yes, describe cause of visual field loss and/or disc damage (other than glaucoma).

Ocular Exam Comments:

Investigator Certification:

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MODULE: Humphrey VF

Humphrey SITA 30-2 VF Series

- Use OHTS certified perimeter only
- Send Visual Fields to VFRC within 14 days
- If 1st field is unreliable, and retesting will yield better data, repeat the field in 1 hour or schedule a 2nd or 3rd visit as required by the protocol.

1. For which eye(s) were Visual Fields taken for this patient? OU OD OS Neither

2. If taken, enter dates **OD** **OS**
 / / / /
mm dd yy mm dd yy

3. If additional VFs taken, enter dates **OD** **OS**
 / / / /
mm dd yy mm dd yy

If patient has already been diagnosed with a VF POAG in OHTS, has an additional protocol-required visit, to complete a 2nd/3rd VF(s), been scheduled? Yes No

4. If one or both eyes **were not tested or unreliable**, does PI think retesting will provide better data? Yes, retest **OD**
 No, retesting OD will not yield better data (Explain below)
 Yes, retest **OS**
 No, retesting OS will not yield better data (Explain below)

If patient has unreliable/abnormal VF(s) (criteria for abnormality = p<5% for the PSD or if the GHT is outside normal limits) the VFRC may require a 2nd/3rd VF(s).

5. If PI determines VF(s) recorded were unreliable or abnormal, were additional VF(s) done this visit? Yes No

6. Is there an additional visit scheduled for 2nd/3rd VF(s)? Yes No

VF Technician Certification:

Visual Field Comments:

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MODULE: Disc Photo

Disc Photography

- Send photos to OHTS Coordinating Center within 14 days.
- Take 2 sets of "Best Quality" stereo photographs per eye.

1. For which eye(s) were Optic Disc Photos taken for this patient? OU OD OS Neither
2. Enter date of 1st set of stereo photographs
- | | | | | |
|---|-----------|---|-----------|---|
| | OD | | OS | |
| <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> |
| mm | | dd | | yy |
3. Enter date of 2nd set of stereo photographs
- | | | | | |
|---|-----------|---|-----------|---|
| | OD | | OS | |
| <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> |
| mm | | dd | | yy |
4. If one or both eyes were not photographed or ungradeable, does PI or photographer think retesting will provide better data?
- Yes, retest **OD**
 No, retesting OD will not yield better data (Explain below)
- Yes, retest **OS**
 No, retesting OS will not yield better data (Explain below)

Photographer Certification:

Disc Photography Comments:

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MODULE: OCT

Optical Coherence Tomography

- Send OHTS 3 OCT and previous OCT images to OHTS Coordinating Center during your clinic's monthly window.
- For Spectralis, complete 2 RNFL Circle scans and 2 P.Pole scans per eye.
- For Cirrus, complete 2 Optic Disc Cube (200x200) and 2 Macular Cube (512x128) per eye.

1. For which eye(s) were OCT taken for this patient? OU OD OS Neither

2. If taken, enter dates **OD** / / **OS** / /
mm dd yy mm dd yy

3. Instrument used for OCT scan? Spectralis Cirrus

4. If scans were not done or were poor quality please explain reason below.

OCT Technician Certification:

OCT Comments: