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

Check Completed Modules | Page Number
--- | ---
☐ Snellen VA | 2
☐ IOP | 3
☐ Ocular Examination  
* Only dilate if repeat photos required | 4
☐ Humphrey VFs (if required) | 5
☐ Disc Photography (if required) | 6
☐ OCT (if required) | 7
OHTS 20-year Follow-up Test and Measures for Repeat Visits: RV

MODULE: Snellen VA

Snellen V.A.

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:
### IOP

1. **Date IOP completed**
   - [ ] mm
   - [ ] dd
   - [ ] yy

2. **Time of day**
   - [ ] Military Time

3. **1st IOP**
   - OD [ ] mm Hg
   - OS [ ] mm Hg

4. **2nd IOP**
   - OD [ ] mm Hg
   - OS [ ] mm Hg

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.

5. **3rd IOP**
   - OD [ ] mm Hg
   - OS [ ] mm Hg

   - If a 3rd IOP is taken, enter the median (middle value) of 1st, 2nd, and 3rd IOP on line 6.

6. **IOP Result**
   - OD [ ] mm Hg
   - OS [ ] mm Hg

   - Round to nearest whole number
   - Round up when decimal is .5 or greater

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

   If Non-Goldman Tonometer, name of other instrument:
   [ ]

   Operator Certification: [ ]
   Recorder Certification: [ ]

IOP Comments:

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**IOP is measured by two people**
- the OPERATOR aligns the mires
- the RECORDER reads the dial
OHTS 20-year Follow-up Test and Measures for Repeat Visits: RV

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

Patient ID: [ ] [ ] [ ] [ ] [ ]

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  /   /      /   /
   mm  dd yy  mm  dd yy
   OD   OS

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

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

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
   
   mm / dd / yy
   
   OS
   
   mm / dd / yy

3. Enter date of 2nd set of stereo photographs
   
   OD
   
   mm / dd / yy
   
   OS
   
   mm / dd / yy

4. If one or both eyes were not photographed or ungradable, 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:
OHTS 20-year Follow-up Test and Measures for Repeat Visits: RV

Patient ID: 

MODLE: 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
   mm / dd / yy
   OS
   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: