

Unable/Unwilling to Participate in OHTS Phase 3 Examination

Complete for all participants who are unable/unwilling to return for OHTS 3 examinations.

Patient ID:

Visit Date: / /
mm dd yy

1. Is participant willing to participate in telephone quality of life survey?
 Yes No

2. Is participant willing to release OCT scans, visual fields and medical summary?
 Yes No

3. Check all reasons why the participant is unable / unwilling to return for OHTS 3 examination now.
 - a. Poor physical health of participant or family member
 - b. Cognitive impairment
 - c. Walking / balance is a problem
 - d. Parking is a problem (offer travel assistance)
 - e. Transportation is a problem (offer travel assistance)
 - f. Moved out of service area (suggest another OHTS clinic or consider air travel to your OHTS clinic)
 - g. Do not wish to participate in a research study
 - h. Prefer to avoid any unnecessary tests
 - i. Study requires too much time (mention \$50 patient stipend per visit)
 - j. Death (complete death form)
 - k. Other _____

Form Completed by (CC or PI):