OHTS 20-year Follow-up Test and Measures: FV

Patient ID: ☐☐ ☐☐☐☐☐

Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

Check Completed Modules		Pg
☐	Informed Consent	
☐	OHTS Symptom checklist (SY)	
☐	Quality of Life (NEI-VFQ, SF-36 and FM)	
☐	Current Medications	2
☐	Diabetes History	3
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Comments:

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MODULE: Current Medications

Current Medication

1. **Is the patient currently taking any of the following categories of medication?**

	(Consult PDR if needed)	1	2	
a.	Systemic Beta-blocker	☐ Yes	☐ No	betab
b.	Calcium Channel Blocker	☐ Yes	☐ No	calciumc
c.	Statin	☐ Yes	☐ No	statin
d.	Anti-Depressant	☐ Yes	☐ No	antid
e.	Ocular Corticosteroid	☐ Yes	☐ No	ocularcort
f.	Systemic Corticosteroid	☐ Yes	☐ No	systemic
g.	Nasal Steroid	☐ Yes	☐ No	nsteroid
h.	Bronchial Inhaled Steroid	☐ Yes	☐ No	bsteroid
i.	Estrogen or Progesterone for hormone replacement therapy	☐ Yes	☐ No	estprog
j.	Ace Inhibitors	☐ Yes	☐ No	aceinh
k.	Lubricating eye drops, ointments or gels	☐ Yes	☐ No	lubdrops

Current Medication Comments:

ft_modnonocular

Certification (CC or PI) ☐☐☐

nomby

Examples:
Systemic beta blockers: acebutolol (Sectral), atenolol (Tenormin), bisoprolol (Zebeta), metoprolol (Lopressor, Lopressor LA, Toprol XL), nadolol (Corgard), labetalol hydrochloride (Trandate, Normodyne), timolol maleate (Blocadren) and.propranolol (Inderal).
Calcium channel blockers: Norvasc (amlodipine), Plendil (felodipine), DynaCirc (isradipine), Cardene (nicardipine), Procardia XL, Adalat (nifedipine), Cardizem, Dilacor, Tiazac, Diltia XL (diltiazem), Sular (Nisoldipine), Isoptin, Calan, Verelan, Covera-HS (verapamil).
Statins: atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor, Altocor), pravastatin (Pravachol), rosuvastatin (Crestor), simvastatin (Zocor), and pitavastatin (Livalo).
Anti-depressants: Mirtazapine (Remeron), Escitalopram (Lexapro), Venlafaxine (Effexor), Sertraline (Zoloft), Citalopram (Celexa), Buproprion (Wellbutrin), Paroxetine (Paxil), Milnacipran (Savella) , Fluoxetine (Prozac), Duloxetine (Cymbalta), Fluvoxamine (Luvox), Reboxetine (Vestra).
Ocular Steroids: Rimexolone ophthalmic (Vexol), Dexamethasone ophthalmic (Decadron Maxidex), Difluprednate ophthalmic (Durezol), Fluorometholone ophthalmic (Flarex, Fluor-Op , FML , FML Liquifilm , FML Forte), Loteprednol etabonate ophthalmic (Alrex, Lotemax), and Prednisolone acetate ophthalmic (Omnipred, Pred Forte, Pred Mild).
Systemic steroids:prednisone (Prednisone Intensol), dexamethasone (Dexamethasone Intensol, DexPak), hydrocortisone (Cortef), triamcinolone(Aristospan Intra-Articular, Aristospan Intralesional), and Methylprednisone(Medrol).
Nasal steroids: flunisolide nasal spray (Nasarel), budesonide nasal spray (Rhionocort), fluticasone propionate nasal spray (Flonase), mometasone nasal spray (Nasonex), and triamcinolone nasal spray (Nasacort AQ).
Inhaled steroids: Aerespan, Alvesco, Asmanex, Flovent, Pulicort and Qvar.
Estrogen and Progesterone horomone therapy: Estradiol , Divigel, Elestrin, Esclim, Estrace, Estraderm, Estrasorb,Estring, Estrogel,Evamist, Alora, Promentrium, Provera, Activella, Angeliq, Climara Pro, Prefest, and Prempro.
Ace Inhibitors : benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec, Epaned), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace**),** and trandolapril (Mavik).

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MODULE: Diabetes History

Diabetes History

1. Has a doctor or health professional ever told you that you had a high sugar level or sugar diabetes?

Check only one: diabetes

1 ☐ Yes
2 ☐ No
3 ☐ Yes, borderline diabetes
4 ☐ Yes, only during pregnancy
5 ☐ Unknown

Which physician or clinic made the diagnosis?

_____
_____
_____

Examples of diabetic pills:
- Metformin (Glucophage, Fortamet)
- Glipizide and Metformin (Glucovance)
- Pioglitizone (Actos)
- Sitagliptin (Januvia)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Acarbose (Precose)
- Miglitol (Glyset)
- Glipizide (Glucotrol XL)
- Glyburide (Micronase)
- Glimepiride (Amaryl)
- Repaglinide (Prandin)
- Nateglinide (Starlix)
- Colesevelam (Welchol)
- Pioglitazone & metformin) (Actoplus Met)
- Glipizide & metformin (Metaglip)
- Sitagliptin & metformin (Janumet)
- Saxagliptin & metformin (kombiglyze)

2. Are you currently taking insulin? insulin

Check only one:

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

3. Are you currently taking diabetic pills to lower your blood sugar?
These are sometimes called oral agents or oral hypoglycemic agents.

Check only one: pills

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

3a. If currently taking diabetic pills to lower your blood sugar, is the pill Metformin or Glucophage?

Check only one: metformindh

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

4. Has a doctor or health professional ever recommended a special diet to lower your blood sugar?

Check only one: diet

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

dhby
Certification (CC or PI): ☐☐☐

Diabetes History Comments:
dh_comments

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ot_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

MODULE: Ocular Treatment

Ocular Treatment

1. Have you had treatment for eye disease or have you had eye surgery? ☐ Yes 1 ☐ No 2

2. **If yes, check appropriate boxes:** ot_treatment

		OD 1	OS 1
a.	Cataract surgery	☐ Yes escataod	☐ Yes escataos
b.	YAG capsulotomy	☐ Yes esyagod	☐ Yes esyagos
c.	Treatment for Macular Degeneration (vitamins, laser, injections)	☐ Yes esmdod	☐ Yes esmdos
d.	Treatment for diabetic retinopathy (laser, injections)	☐ Yes esdrod	☐ Yes esdros
e.	Laser trabeculoplasty/SLT	☐ Yes estrabod	☐ Yes estrabos
f.	Laser iridotomy	☐ Yes esiridod	☐ Yes esiridos
g.	Filtering surgery	☐ Yes esfiltod	☐ Yes esfiltos
h.	Seton surgery (tube shunt)	☐ Yes essetonod	☐ Yes essetonos
i.	Combined cataract/filtering surgery	☐ Yes escombod	☐ Yes escombos
j.	Penetrating keratoplasty/DSEK/DMEK	☐ Yes espkerod	☐ Yes espkeros
k.	Retinal detachment repair	☐ Yes esretdod	☐ Yes esretdos
l.	Retinal tear	☐ Yes esrettearod	☐ Yes esrettearos
m.	Refractive surgery (e.g. LASIK)	☐ Yes esprsod	☐ Yes esprsos
n.	Lid surgery (Describe in comment)	☐ Yes eslidod	☐ Yes eslidos
o.	Treatment for dry eyes, Blepharitis, or Trichiasis	☐ Yes dryeyeod	☐ Yes dryeyeos
p.	LPI	☐ Yes lpiod	☐ Yes lpios

lpiodyes If yes, LPI **OD** ☐ Appositional Closure (iridotrabecular contact) ≥ 90° 1 ☐ PAS 2 ☐ Acute Angle-Closure 3 ☐ Pupillary Block 4 ☐ Dislocated Lens 5 ☐ Other 6

lpiodother If Other LPI **OD**, describe _____

exampoagod If yes, LPI **OD:** Did POAG occur before angle closure? ☐ Yes 1 ☐ No 0

examclosureod If yes, LPI **OD:** Subsequently, did the angle closure contribute to glaucomatous damage? ☐ Yes 1 ☐ No 0

lpiosyes If yes, LPI **OS** ☐ Appositional Closure (iridotrabecular contact) ≥ 90° 1 ☐ PAS 2 ☐ Acute Angle-Closure 3 ☐ Pupillary Block 4 ☐ Dislocated Lens 5 ☐ Other 6

lpiosother If Other LPI **OS**, describe _____

exampoagos If yes, LPI **OS:** Did POAG occur before angle closure? ☐ Yes 1 ☐ No 0

If yes, LPI **OS:** Subsequently, did the angle closure contribute to glaucomatous damage? ☐ Yes 1 ☐ No 0

q. Other (describe): _____ esothrod ☐ Yes ☐ Yes esothros

Certification (CC or PI): ☐☐☐
ochistby

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MODULE: Ocular Hypotensive Medications

Ocular Hypotensive Medications

3. Have you taken eyedrops to lower the pressure in your eyes after your last OHTS visit..... ☐ 1 Yes ☐ 2 No ohm_drops_yn

3a. If yes, estimate the number of months you took eyedrops to lower pressure since your last OHTS visit. ☐☐☐ ohm_months_drop

4. Are you currently using eyedrops to lower the pressure in your eyes? ..... ☐ 1 Yes ☐ 2 No dropsnow

If yes, which ocular medications (eyedrops) are you currently taking to lower the pressure in your eyes?

		OD 1		OS 1
4a. Prostaglandin Analogue	ohm_prosta_od	☐ Yes	☐ Yes	ohm_prosta_os
4b. Beta-Blockers	ohm_betab_od	☐ Yes	☐ Yes	ohm_betab_os
4c. Alpha 2 Agonist	ohm_alpha2_od	☐ Yes	☐ Yes	ohm_alpha2_os
4d. Topical Carbonic Anhydrase Inhibitor	ohm_tcai_od	☐ Yes	☐ Yes	ohm_tcai_os
4e. Miotics	ohm_miotics_od	☐ Yes	☐ Yes	ohm_miotics_os
4f. Epinephrine/Dipivefrin	ohm_epidip_od	☐ Yes	☐ Yes	ohm_epidip_os
4g. Combination Medications	ohm_comb_od	☐ Yes	☐ Yes	ohm_comb_os
4h. Other.....	ohm_othmed_od	☐ Yes	☐ Yes	ohm_othmed_os

Describe Other Ocular Hypotensive Medication ohm_othmed_od_txt ohm_othmed_os_txt

OH Meds Comments:

ohm_comments

Certification (CC or PI) ☐☐☐ ohm_certification

Examples:
Prostaglandin Analogues: latanaprost(Xalatan), bimatoprost(Lumigan), travoprost(Travatan.), and tafluprost (Zioptan).
Beta-blockers: betaxolol (Betoptic), carteolol (Ocupress), levobunolol (AK-Beta, Betagan), metipranolol (OptiPranolol), and timolol (Betimol, Istalol, Timoptic).
Alpha 2-Agonist : apraclonidine (Iopidine), brimonidine (Alphagan).
TCAI: Dorzolamide (Trusopt), Brinzolamide (Azopt)
Miotics: Pilocarpine (Isopto Carpine), Carbachol (Isopto Carbachol), Pilocarpine HCL Gel (Pilopine HS Gel).
Epinephrine/Dipivefrin : Propine
Combination medications: Combigan (Brimonidine Tartrate & Timolol Maleate) , Cosopt (Dorzolomide HCI & Timolol Maleate), and Simbrinza (Brinzolamide/Brimonidine tartrate ophthalmic suspension).

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MODULE: Medical History

Medical History

1. What is your current height? ..... mh_height_ft ☐ Feet mh_height_inches ☐ Inches

2. What is your current weight? …… ☐☐☐ Pounds mh_weight_lbs

3. Are you a current smoker (include cigarettes, cigars, pipe and chewing tobacco)?..... 1 ☐ Yes 2 ☐ No mh_current_smoker

4. Are you a former smoker (include cigarettes, cigars, pipe and chewing tobacco)?..... 1 ☐ Yes 2 ☐ No mh_former_smoker

5. If a current or former smoker (include cigarettes, cigars, pipe and chewing tobacco), how many years did you smoke?..... ☐ Years mh_smoke_years

6. If a current or former cigarette smoker, how many packs per day did you smoke? ☐ Packs/Day mh_smoke_packs

7. Have you had an inpatient hospitalization since (state last OHTS visit)? 1 ☐ Yes 2 ☐ No mh_inpatient_since
   If yes, describe _____ mh_inpatient_describe

8. Have you had any surgery other than ocular surgery since (state last OHTS visit)? 1 ☐ Yes 2 ☐ No mh_surgery_notocu_since
   If yes, describe _____ mh_surgery_nonocu_desc

9. **Ask: "Do any of the following blood relatives have glaucoma?"**

		Yes 1	No 2	Unknown 3
a.	Biological Mother mh_mother_glauc	☐	☐	☐
b.	Biological Father mh_father_glauc	☐	☐	☐
c.	Biological Brother or Sister mh_sib_glauc	☐	☐	☐
d.	Biological Aunt or Uncle mh_auntuncle_glauc	☐	☐	☐
e.	Biological Grandmother or Grandfather mh_grand_glauc	☐	☐	☐

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mm dd yy

MODULE: Medical History

Medical History

10. Has a doctor ever told you that you have any of the following conditions?

	1	2	3	
1. Cardiovascular disease	☐ Yes	☐ No	☐ Unknown	mh_cardio
2. High blood pressure (hypertension)	☐ Yes	☐ No	☐ Unknown	mh_hypertens
3. Low blood pressure (hypotension)	☐ Yes	☐ No	☐ Unknown	mh_hypotens
4. Coronary artery disease	☐ Yes	☐ No	☐ Unknown	mh_artery
5. Congestive heart failure	☐ Yes	☐ No	☐ Unknown	mh_cong_heart
6. Implantable heart devices	☐ Yes	☐ No	☐ Unknown	mh_implant_heart
7. Irregular heartbeat	☐ Yes	☐ No	☐ Unknown	mh_irreg_heart
8. Rheumatic fever	☐ Yes	☐ No	☐ Unknown	mh_rheum_fever
9. High Cholesterol/lipids	☐ Yes	☐ No	☐ Unknown	mh_cholesterol
10. Heart attack	☐ Yes	☐ No	☐ Unknown	mh_heart_attack
11. Stroke	☐ Yes	☐ No	☐ Unknown	mh_stroke
12. Seizures	☐ Yes	☐ No	☐ Unknown	mh_seizure
13. Chronic lung disease	☐ Yes	☐ No	☐ Unknown	mh_chronic_lung
14. Asthma	☐ Yes	☐ No	☐ Unknown	mh_asthma
15. C.O.P.D.	☐ Yes	☐ No	☐ Unknown	mh_copd
16. Tuberculosis	☐ Yes	☐ No	☐ Unknown	mh_tuberculosis
17. Cancer	☐ Yes	☐ No	☐ Unknown	mh_cancer
18. Migraine headaches	☐ Yes	☐ No	☐ Unknown	mh_migraine
19. Depression, Anxiety, or other mental health problems	☐ Yes	☐ No	☐ Unknown	mh_mental
20. Thyroid disease	☐ Yes	☐ No	☐ Unknown	mh_thyroid
21. Anemia	☐ Yes	☐ No	☐ Unknown	mh_anemia
22. Liver disease including Hepatitis	☐ Yes	☐ No	☐ Unknown	mh_liver
23. Kidney disease	☐ Yes	☐ No	☐ Unknown	mh_kidney
24. Reflux (G.E.R.D.)	☐ Yes	☐ No	☐ Unknown	mh_gerd
25. Genitourinary problems	☐ Yes	☐ No	☐ Unknown	mh_genitourinary
26. Arthritis	☐ Yes	☐ No	☐ Unknown	mh_arthritis
27. Sleep Apnea	☐ Yes	☐ No	☐ Unknown	mh_sleep_apnea
28. Parkinson disease	☐ Yes	☐ No	☐ Unknown	mh_parkinson
29. Dementia/Alzheimer's	☐ Yes	☐ No	☐ Unknown	mh_dementia
30. Raynaud's Disease	☐ Yes	☐ No	☐ Unknown	mh_raynauds
31. Other conditions:	☐ Yes	☐ No	☐ Unknown	mh_other_condition

Medical History Comments:
mh_comments

History reviewed by: ☐☐☐
mh_history_review

Investigator Certification: ☐☐☐
mh_investigator

mh_other_condition_txt

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bp_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

MODULE: Blood Pressure

Blood Pressure

1. 1st Blood Pressure

Systolic/Diastolic: SYS ☐☐☐ /DIA ☐☐☐ Pulse ☐☐☐
systolic1 diastolic1 pulse1

2. Reason for not having Blood Pressure or Pulse Data (check all that apply):

1

monitor	a.	Monitor inoperative	☐ Yes
cuffsm	b.	Cuff too small	☐ Yes
bpgreat	c.	Blood pressure greater than 280 mmHg	☐ Yes
pulselow	d.	Pulse too low	☐ Yes
pulsehigh	e.	Pulse too high	☐ Yes
moved	f.	Movement	☐ Yes
bpother	g.	Other conditions	☐ Yes

3. **2nd Blood Pressure**

Systolic/Diastolic: SYS ☐☐☐ /DIA ☐☐☐ Pulse ☐☐☐
systolic2 diastolic2 pulse2

4. **Reason for not having Blood Pressure or Pulse Data (check all that apply):**

1

monitor2	a.	Monitor inoperative	☐ Yes
cuffsm2	b.	Cuff too small	☐ Yes
bpgreat2	c.	Blood pressure greater than 280 mmHg	☐ Yes
pulselow2	d.	Pulse too low	☐ Yes
pulsehigh2	e.	Pulse too high	☐ Yes
moved2	f.	Movement	☐ Yes
bpother2	g.	Other conditions	☐ Yes

bpby

Blood Pressure taken by: ☐☐☐

Blood Pressure Comments:

bp_comments

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ref_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
va_examdate mm dd yy

MODULE: Refraction

Refraction

		sphereod		cylindor		
1.	Refraction OD	☐ Plus ☐ Minus ☐☐.☐☐		☐ Plus ☐ Minus ☐☐.☐☐	x ☐☐☐	refaxsod
2.	Refraction OS	☐ Plus ☐ Minus ☐☐.☐☐		☐ Plus ☐ Minus ☐☐.☐☐	x ☐☐☐	refaxsos
		sphereos		cylindos		

Refraction taken by: ☐☐☐ refby

Refraction Comments:
refraction_comments

MODULE: Snellen V.A.

Snellen V.A.

1.	Snellen visual acuity	vaod2 OD ☐☐ / ☐☐☐	snellen_or_od Or choose	○ CF ○ HM ○ LP ○ NLP	CF HM LP NLP
2.	Snellen visual acuity	OS vaos2 ☐☐ / ☐☐☐	snellen_or_os	○ CF ○ HM ○ LP ○ NLP	

Snellen acuity taken by: ☐☐☐ vaby

Snellen VA Comments:
snellen_comments

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etdrs_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

pr_examdate

MODULE: ETDRS — ETDRS Best Corrected Visual Acuity

ETDRS visual acuity - OD

1. Testing distance in meters (checkbox) 1 ☐ 4.0m 2 ☐ 3.2m 3 ☐ 2.5m 4 ☐ 2.0m
   va2distd
2. Total number correct: OD ☐☐ va2totd

ETDRS visual acuity - OS

3. Testing distance in meters (check box) ☐ 4.0m ☐ 3.2m ☐ 2.5m ☐ 2.0m
   va2dists
4. Total number correct: OS ☐☐ va2tots

ETDRS Comments:
ft_modetdrs

ETDRS acuity taken by: ☐☐☐
va2by

MODULE: Pelli-Robson CS — Pelli-Robson CS

Pelli-Robson - OD pr_od

1. Score from OD ☐.☐☐

Pelli-Robson - OS pr_os

2. Score from OS ☐.☐☐

Pelli-Robson Comments:
ft_modpr

prby
Pelli-Robson taken by: ☐☐☐

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

MODULE: IOP

IOP

1. **Date IOP completed** ☐☐ / ☐☐ / ☐☐ iopdate
   mm dd yy
2. **Time of day** ioptime1 ☐☐☐☐ Military Time

		OD		OS	
3.	**1st IOP**	iop1_1od ☐☐ mm Hg		☐☐ mm Hg	iop1_1os
4.	**2nd IOP**	iop1_2od ☐☐ mm Hg		☐☐ mm Hg	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**.

5.	**3rd IOP**	iop1_3od ☐☐ mm Hg		☐☐ mm Hg	iop1_3os

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

6.	**IOP Result**	iop1od ☐☐ mm Hg		☐☐ mm Hg	iop1os

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

7. **Check here if using a Non-Goldmann Tonometer.....** nongoldmann 1 ☐

If Non-Goldmann Tonometer, name of other instrument: _____ nongoldmann_name

Operator Certification ☐☐☐ iop1opby

Recorder Certification ☐☐☐ iop1rcby

IOP Comments:
ft_modiop

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MODULE: Ocular Examination

Ocular Examination

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

2. **External examination:**
extexamd **OD** ☐ Normal ☐ Abnormal, describe: _____ ft_extexamd
extexams **OS** ☐ Normal ☐ Abnormal, describe: _____ ft_extexams
1 2

3. **Slit lamp examination:**
slexamd **OD** ☐ Normal ☐ Abnormal, describe: _____ ft_slexamd
slexams **OS** ☐ Normal ☐ Abnormal, describe: _____ ft_slexams
1 2

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

5. **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
1 2

6. **If disc hemorrhage:** (check here)
clckhrd1 clckhrd2
dischemd **OD** ☐ Yes (list clock hours): ☐☐ : ☐☐ to ☐☐ : ☐☐
1
dischems **OS** ☐ Yes (list clock hours): ☐☐ : ☐☐ to ☐☐ : ☐☐
clckhrs1 clckhrs2

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.)?
condvflod **OD** ☐ Yes ☐ No
condvflos **OS** ☐ Yes ☐ No
1 2

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

Ocular Exam Comments:
ft_modocexam

Investigator Certification: ☐☐☐
opdby

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idnum Patient ID: ☐☐ ☐☐☐☐☐

gonio_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

MODULE: Gonioscopy

Gonioscopy

1. Gonioscopy:

goniod
OD

1 ☐ Open angles
2 ☐ Narrow angles (Angle slit or Grade 1 in more than 25% of the circumference)
3 ☐ Appositional (Angle closure over more than 25% of the circumference)
4 ☐ Closure (PAS over more than 25% of the circumference)

gonios
OS

1 ☐ Open angles
2 ☐ Narrow angles (Angle slit or Grade 1 in more than 25% of the circumference)
3 ☐ Appositional (Angle closure over more than 25% of the circumference)
4 ☐ Closure (PAS over more than 25% of the circumference)

Gonioscopy Comments:
goni_comments

OHTS 20-year Follow-up Test and Measures: FV

idnum 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? fieldsdoneb
   1 ☐ OU 2 ☐ OD 3 ☐ OS 4 ☐ Neither

2. If taken, enter dates
   OD vfoddate: mm / dd / yy
   OS vfosdate: mm / dd / yy

3. If additional VFs taken, enter dates
   OD vfoddate2: mm / dd / yy
   OS vfosdate2: mm / dd / yy

vfaddition 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? 1 ☐ Yes 2 ☐ No

4. If one or both eyes **<u>were not tested or unreliable</u>**, does PI think retesting will provide better data?
   vfodretest: 1 ☐ Yes, retest **OD**; 2 ☐ No, retesting OD will not yield better data (Explain below) ft_vfodretest
   vfosretest: 1 ☐ Yes, retest **OS**; 2 ☐ No, retesting OS will not yield better data (Explain below) ft_vfosretest

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 <u>were unreliable</u> or abnormal, were additional VF(s) done this visit? fvadditional
   1 ☐ Yes 2 ☐ No

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

VF Technician Certification: | | | | vfby

Visual Field Comments:
vf_comments

OHTS 20-year Follow-up Test and Measures: FV

idnum Patient ID: ☐☐ ☐☐☐☐☐

MODULE: Disc Photography

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? photosdoneb
   1 ☐ OU 2 ☐ OD 3 ☐ OS 4 ☐ Neither

2. Enter date of 1st set of stereo photographs
   OD datephod: ☐☐ / ☐☐ / ☐☐ (mm / dd / yy)
   OS datephos: ☐☐ / ☐☐ / ☐☐ (mm / dd / yy)

3. Enter date of 2nd set of stereo photographs
   OD datephod2: ☐☐ / ☐☐ / ☐☐ (mm / dd / yy)
   OS datephos2: ☐☐ / ☐☐ / ☐☐ (mm / dd / yy)

4. If one or both eyes were not photographed or ungradeable, does PI or photographer think retesting will provide better data?
   1 ☐ Yes, retest **OD** phretestod ft_phretestod
   2 ☐ No, retesting OD will not yield better data (Explain below) ft_phretestod
   1 ☐ Yes, retest **OS** phretestod ft_phretestos
   2 ☐ No, retesting OS will not yield better data (Explain below) ft_phretestod

Photographer Certification: ☐☐☐
phoby

Disc Photography Comments:
disc_comments

OHTS 20-year Follow-up Test and Measures: FV

idnum Patient ID: | | | | | | | | |

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? oct_eye ☐ OU 1 ☐ OD 2 ☐ OS 3 ☐ Neither 4

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

3. octscan Instrument used for OCT scan? 1 ☐ Spectralis 2 ☐ Cirrus

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

octby
OCT Technician Certification:

OCT Comments:
oct_comments