CMV Retinitis

Purpose: Record ophthalmologic findings about CMV retinitis.

When: At baseline and all followup visits for patients who have ever been diagnosed with CMV retinitis. For newly diagnosed patients, at the time of CMV diagnosis and every followup visit thereafter.

By

A. Clinic, patient, and	visit identification		9. Source of diagnostic information (<i>check all that apply</i>)		
1. Clinic ID code:			a. Ophthalmologic exam:		
2. Patient ID#:			b. Formal visual field testing (eg, Goldmann visual fields):	(1)
3. Patient name code:			c. Medical records:	(1)
3. I dient name code.			d. Laboratory data:	(1)
4. Date of visit:			e. Health care provider:	(1)
		<u> </u>	f. Patient:	(1)
day	mon	year	g. Other (specify):	(1)
5. Visit ID code:					
B. Diagnosis informati	on		specify		
	cord "N-N-N" at ba		specify		
or at initial diagno	sis of CMV retinitis	i):	10 Did the notiont receive enti CMV		
· ·			10. Did the patient receive anti-CMV		
day	 mon	year	medicine for at least 14 of the 28 days		
day		year	medicine for at least 14 of the 28 days prior to diagnosis:	. 1	No \
	llowup visit with a	·	medicine for at least 14 of the 28 days prior to diagnosis:	(No 2)
day 7. Baseline visit or fo	llowup visit with a reviously uninvolve	ed	medicine for at least 14 of the 28 days prior to diagnosis:	(¹	No 2) _
day 7. Baseline visit or fo new diagnosis of property of the second sec	llowup visit with a	ed (No (2)	medicine for at least 14 of the 28 days prior to diagnosis:	(No 2)
day 7. Baseline visit or fo new diagnosis of property of the control of the cont	llowup visit with a reviously uninvolve Yes	ed No	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (1) 11. Anti-CMV agents received	(No 2)
day 7. Baseline visit or fo new diagnosis of property of the second sec	llowup visit with a reviously uninvolve (Yes (1)	ed (No (2)	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (1) 11. Anti-CMV agents received (check all that apply)	(No 2)
day 7. Baseline visit or fo new diagnosis of preye(s): 8. CMV retinitis diagnation and a diagnosis diagn	llowup visit with a reviously uninvolve (Yes (1) nosis	No (No 2) 13.	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir:	(No 2)
 day 7. Baseline visit or fo new diagnosis of preye(s): 8. CMV retinitis diagnosis of diagnosis of diagnosis of visit, record day 	llowup visit with a reviously uninvolve (Yes (1) nosis is (If baseline visit, first involved eye. attention of diagnosis of	record date If followup	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir:	(No 2)
 day 7. Baseline visit or fo new diagnosis of preye(s): 8. CMV retinitis diagnosis of diagnosis	llowup visit with a reviously uninvolve (Yes (1) nosis is (If baseline visit, first involved eye. attention of diagnosis of	record date If followup	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir: b. Other (specify):	(2) 1) 1)
day 7. Baseline visit or for new diagnosis of preye(s): 8. CMV retinitis diagnosis of diagnosis of visit, record day uninvolved eye.	llowup visit with a reviously uninvolve (Yes (1) nosis is (If baseline visit, first involved eye. attention of diagnosis of	record date If followup previously year	medicine for at least 14 of the 28 days prior to diagnosis: (Yes (Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir: b. Other (specify): other anti-CMV agent	(((No 2) 1 1) 1) 1)
day 7. Baseline visit or for new diagnosis of preye(s): 8. CMV retinitis diag a. Date of diagnosis of diagnosis of visit, record diagnosis, record day b. Eye(s) affected a	llowup visit with a reviously uninvolve (Yes (1) nosis is (If baseline visit, first involved eye. the of diagnosis of it. ———————————————————————————————————	record date If followup previously year Left	medicine for at least 14 of the 28 days prior to diagnosis: Yes Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir: b. Other (specify): other anti-CMV agent c. Don't know: 12. The purpose for the anti-CMV therapy was (check all that apply)	(((2) 1) 1) 1) 1)
day 7. Baseline visit or for new diagnosis of preye(s): 8. CMV retinitis diagnosis of diagnosis of visit, record day a. Date of diagnosis of visit, record day b. Eye(s) affected and the present of	llowup visit with a reviously uninvolve (Yes (1)) nosis is (If baseline visit, first involved eye. the of diagnosis of the control of the	record date If followup previously Left (1)	medicine for at least 14 of the 28 days prior to diagnosis: Yes Yes Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir: b. Other (specify): other anti-CMV agent c. Don't know: 12. The purpose for the anti-CMV therapy was (check all that apply) a. Primary prophylaxis:	(((2) 1) 1) 1) 1)
day 7. Baseline visit or for new diagnosis of preye(s): 8. CMV retinitis diag a. Date of diagnosis of diagnosis of visit, record diagnosis, record day b. Eye(s) affected a	llowup visit with a reviously uninvolve (Yes (1) nosis is (If baseline visit, first involved eye. the of diagnosis of it. ———————————————————————————————————	record date If followup previously year Left	medicine for at least 14 of the 28 days prior to diagnosis: Yes Yes (1) 11. Anti-CMV agents received (check all that apply) a. Oral ganciclovir: b. Other (specify): other anti-CMV agent c. Don't know: 12. The purpose for the anti-CMV therapy was (check all that apply)	(((2)

 $\begin{pmatrix} 1 \end{pmatrix}$

d. Don't know:

13. Number of relapses since date in item 6 (For baseline, # of relapses since first diagnosis. For followup, # of relapses since last study visit.		18. Border activity since date in item 6 for pre-existing lesion(s) (check only one for each eye):			
Record "N" if newly diag	gnosed):			Right	Left
	_		Better	(1)	(1)
14. Current location of CMV	/ retinitis		Same	(2)	$\begin{pmatrix} & & \\ & & 2 \end{pmatrix}$
lesion(s)	7		Worse	(3)	$\begin{pmatrix} & 3 \end{pmatrix}$
(check all that apply for	<i>r eacn eye)</i> Right	Left	Cannot assess	(_M)	(_M)
a. Zone 1:	(₁)	(₁)	Not applicable	(_N)	(_N)
b. Zone 2:	(1)	(1)	19. Estimate the amount of n	novement in any	
c. Zone 3:	(1)	(1)	pre-existing lesion to the		
d. Cannot completely as Specify which eye(s assessed as well as the	sess: $\binom{1}{1}$ and zone(s) co	(₁) annot be	since date in item 6 (record "N" for baseling lesions, "M" if cannot as a. Right eye:	e visits or no pre esess)	e-existing
				μm	
specify eye(s), z	zone(s), and cause(s)		b. Left eye:	 μm	
e. No lesions:	(1)	$\begin{pmatrix} & & \\ & & 1 \end{pmatrix}$		μπ	
			20. New lesion(s) since date		
15. Current number of visible		• 6	(check only one for each	eye): Right	Left
lesions (record "N" if assess)	no lesions, "M"	if cannot	Yes	(₁)	(₁)
a. Right eye:			No	$\begin{pmatrix} 1 \\ 2 \end{pmatrix}$	$\begin{pmatrix} 1 \\ 2 \end{pmatrix}$
8 · · , · ·			Cannot assess	(_M)	$\begin{pmatrix} 2 \\ M \end{pmatrix}$
b. Left eye:	_		Not applicable	V M∕	\ M/
			(for BL or initial diagn	osis	()
16. Estimate area of retina with CMV retinitis (record "N" if no lesions, "M" if cannot assess)			only)		(_N)
a. % of retina with CMV	/ retinitis OD			22 22	<u> </u>
(right eye) (estimate t	o nearest 5 perce	ent):	21. Location of new lesion(s (check all that apply for		
	9	%		Right	Left
b. % of retina with CMV retinitis OS		a. Zone 1:	(1)	(1)	
(left eye) (estimate to	nearest 5 percei	nt):	b. Zone 2:	(1)	(1)
	9		c. Zone 3:	(1)	$\begin{pmatrix} & & \\ & & 1 \end{pmatrix}$
48 A . 1 1 / 7 7 1		`	d. Cannot completely as	sess: (₁)	$\begin{pmatrix} & & \\ & & 1 \end{pmatrix}$
17. Active border (check only	ly one for each eg Right	ye): Left	Specify which eye(s) and zone(s) co	annot be
Yes	(1)	(1)			
No	(2)	(2)	specify eye	e(s) and zone(s)	
Cannot determine	(_M)	(_M)	e. No lesions:	(1)	(1)
No lesions	(_N)	$\begin{pmatrix} & & \\ & & \end{pmatrix}$. 1/	. 1/

22.	Immune reconstitution vitritis
	(check only one for each eye)

	R	ight	L	eft
Present	(1)	(1)
Absent	(2)	(2)
* If present, complete the form (UN)	e Non-in	fectioi	is Uve	itis

C. Administrative information

	_	_		_
23.	Date	form	reviewe	d

	day	mon	year
24. Opht	halmologist ID:		
25. Opht	halmologist sigr	nature:	
26. Clini	c coordinator ID) :	

27. Clinic coordinator signature: