

13. Number of relapses since date in item 6
*(For baseline, # of relapses since first diagnosis.
 For followup, # of relapses since last study visit.
 Record "N" if newly diagnosed):*

14. Current location of CMV retinitis lesion(s)
(check all that apply for each eye)

	Right	Left
a. Zone 1:	(1)	(1)
b. Zone 2:	(1)	(1)
c. Zone 3:	(1)	(1)
d. Cannot completely assess:	(1)	(1)

Specify which eye(s) and zone(s) cannot be assessed as well as the cause(s) (e.g., cataract):

specify eye(s), zone(s), and cause(s)

e. No lesions: (1) (1)

15. Current number of visible discrete CMV lesions *(record "N" if no lesions, "M" if cannot assess)*

a. Right eye: _____

b. Left eye: _____

16. Estimate area of retina with CMV retinitis *(record "N" if no lesions, "M" if cannot assess)*

a. % of retina with CMV retinitis OD
(right eye) (estimate to nearest 5 percent):

_____ %

b. % of retina with CMV retinitis OS
(left eye) (estimate to nearest 5 percent):

_____ %

17. Active border *(check only one for each eye):*

	Right	Left
Yes	(1)	(1)
No	(2)	(2)
Cannot determine	(M)	(M)
No lesions	(N)	(N)

18. Border activity since date in item 6 for pre-existing lesion(s)
(check only one for each eye):

	Right	Left
Better	(1)	(1)
Same	(2)	(2)
Worse	(3)	(3)
Cannot assess	(M)	(M)
Not applicable	(N)	(N)

19. Estimate the amount of movement in any pre-existing lesion to the nearest 250 μm since date in item 6
(record "N" for baseline visits or no pre-existing lesions, "M" if cannot assess)

a. Right eye: _____ μm

b. Left eye: _____ μm

20. New lesion(s) since date in item 6
(check only one for each eye):

	Right	Left
Yes	(1)	(1)
No	(2)	(2)
Cannot assess	(M)	(M)
Not applicable <i>(for BL or initial diagnosis only)</i>	(N)	(N)

22. _____ 22. _____

21. Location of new lesion(s)
(check all that apply for each eye)

	Right	Left
a. Zone 1:	(1)	(1)
b. Zone 2:	(1)	(1)
c. Zone 3:	(1)	(1)
d. Cannot completely assess:	(1)	(1)

Specify which eye(s) and zone(s) cannot be assessed:

specify eye(s) and zone(s)

e. No lesions: (1) (1)

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

	Right	Left
Present	(1)	(1)
Absent	(2)	(2)

* If present, complete the Non-infectious Uveitis form (UN)

C. Administrative information

23. Date form reviewed:

____ day ____ mon ____ year

24. Ophthalmologist ID: ____ ____

25. Ophthalmologist signature:

26. Clinic coordinator ID: ____ ____

27. Clinic coordinator signature:
