

Eye Exam

Purpose: Record ophthalmologic findings from eye examinations.
When: At all clinic visits, baseline and followup. Also at interim visits when an ocular opportunistic infection is diagnosed.
By whom: Study ophthalmologist and clinic coordinator.

A. Clinic, patient, and visit identification

1. Clinic ID code: _____
2. Patient ID#: _____
3. Patient name code: _____
4. Date of visit:

 day month year
5. Visit ID code: _____

B. Ophthalmic exam

6. Date most recent Eye Exam form was completed (*put "N-N-N" at baseline exam*):

 day month year
7. Number of ophthalmic exams since date in item 6, not including the present exam (*put "N" at baseline exam*):

8. Eyelid abnormality (*check at that apply for each eye*)

| | Right | Left |
|--------------------------------|-------|------|
| a. Kaposi's sarcoma: | () | () |
| b. Molluscum contagiosum: | () | () |
| c. Herpes zoster ophthalmicus: | () | () |
| d. Lymphoma: | () | () |
| e. Other (<i>specify</i>): | () | () |

_____ right eye specify

_____ left eye specify
- f. No eyelid abnormalities: () ()

9. Conjunctival abnormality or disease (*check all that apply for each eye*)

| | Right | Left |
|--|-------|------|
| a. Kaposi's sarcoma involving conjunctiva: | () | () |
| b. Conjunctivitis: | () | () |
| c. Lymphoma: | () | () |
| d. Other (<i>specify</i>): | () | () |

_____ right eye specify

_____ left eye specify
- e. No conjunctival abnormalities: () ()

10. Pupil abnormality (*check all that apply for each eye*)

| | Right | Left |
|--|-------|------|
| a. Relative afferent pupillary defect: | () | () |
| b. Other (<i>specify</i>): | () | () |

_____ right eye specify

_____ left eye specify
- c. No pupil abnormalities: () ()

11. Extra-ocular movements:

| | Right | Left |
|------------------------------|-------|------|
| Normal | () | () |
| Abnormal (<i>specify</i>): | () | () |

_____ right eye specify

_____ left eye specify

12. Abnormalities related to cranial nerves
 (3rd, 4th, 5th, 6th and/or 7th):

| | Right | Left |
|-----------------------------|-------|-------|
| Absent | (1) | (1) |
| Present (<i>specify</i>): | (2) | (2) |

_____ right eye specify

_____ left eye specify

13. Cornea:

| | Right | Left |
|----------|-------|-------|
| Normal | (1) | (1) |
| Abnormal | (2) | (2) |

14. Opacity in any portion of the visual axis
 of the cornea:

| | Right | Left |
|-----|-------|-------|
| Yes | (1) | (1) |
| No | (2) | (2) |

15. Keratitis present:

| | Right | Left |
|-----------------------------|-------|-------|
| Yes, active | (1) | (1) |
| Yes, resolved with residual | (2) | (2) |
| No | (3) | (3) |

16. Keratic precipitates on the corneal
 endothelium:

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

17. Iris abnormality
 (*check all that apply for each eye*)

| | Right | Left |
|-----------------------------------|-------|-------|
| a. Posterior synechiae: | (1) | (1) |
| b. Iris atrophy: | (1) | (1) |
| c. Other (<i>specify</i>): | (1) | (1) |

_____ right eye specify

_____ left eye specify

d. None of the above: (1) (1)

18. Aqueous inflammatory cells in the
 anterior chamber visible in a 1mm height
 narrow slit beam (*check only one for each eye*):

| | Right | Left |
|------------------------|-------|-------|
| 0 No cells present | (1) | (1) |
| Tr Trace, 0 to 5 cells | (2) | (2) |
| 1+ 6 to 10 cells | (3) | (3) |
| 2+ 11 to 20 cells | (4) | (4) |
| 3+ 21 or more cells | (5) | (5) |
| 4+ hypopyon | (6) | (6) |

19. Aqueous flare in the anterior chamber
 (*check only one for each eye*):

| | Right | Left |
|---|-------|-------|
| 0 Absent | (1) | (1) |
| 1+ Faint, barely detectable | (2) | (2) |
| 2+ Moderate, iris/lens details clear | (3) | (3) |
| 3+ Marked, iris/lens details hazy | (4) | (4) |
| 4+ Intense, fixed coagulated aqueous humor, considerable fibrin present | (5) | (5) |

Note: Please refer to the LSOCA lens grading protocol to complete items 20-23.

20. Lens status
 (*check only one for each eye*):

| | Right | Left |
|---------------|-----------------|-----------------|
| Phakic | (1) | (1) |
| Pseudophakic | (2) | (2) |
| Aphakic | 24. _____ (3) | 24. _____ (3) |
| Cannot assess | 24. _____ (4) | 24. _____ (4) |

21. Grade of nuclear opacity (*check only one for each eye*):

| | Right | Left |
|-----------------|-------|-------|
| Grade < 1.0 | (1) | (1) |
| Grade = 1.0 | (2) | (2) |
| Grade = 1.5 | (3) | (3) |
| Grade = 2.0 | (4) | (4) |
| Grade = 2.5 | (5) | (5) |
| Grade = 3.0 | (6) | (6) |
| Grade > 3.0 | (7) | (7) |
| Cannot evaluate | (M) | (M) |

22. Grade of cortical opacity (check only one for each eye):

| | Right | Left |
|-----------------|-------|-------|
| Grade < 1.0 | (1) | (1) |
| Grade = 1.0 | (2) | (2) |
| Grade = 1.5 | (3) | (3) |
| Grade = 2.0 | (4) | (4) |
| Grade = 2.5 | (5) | (5) |
| Grade = 3.0 | (6) | (6) |
| Grade > 3.0 | (7) | (7) |
| Cannot evaluate | (M) | (M) |

23. Grade of posterior subcapsular opacity (check only one for each eye):

| | Right | Left |
|-----------------|-------|-------|
| Grade < 1.0 | (1) | (1) |
| Grade = 1.0 | (2) | (2) |
| Grade = 1.5 | (3) | (3) |
| Grade = 2.0 | (4) | (4) |
| Grade = 2.5 | (5) | (5) |
| Grade = 3.0 | (6) | (6) |
| Grade > 3.0 | (7) | (7) |
| Cannot evaluate | (M) | (M) |

24. Anterior vitreous cells seen in 1 x 0.5mm beam (check only one for each eye):

| | Right | Left |
|------------------------|-------|-------|
| 0 No cells present | (1) | (1) |
| Tr Trace, 0 to 5 cells | (2) | (2) |
| 1+ 6 to 10 cells | (3) | (3) |
| 2+ 11 to 20 cells | (4) | (4) |
| 3+ 21 to 50 cells | (5) | (5) |
| 4+ 51 or more cells | (6) | (6) |
| Cannot assess | (M) | (M) |

25. Silicone oil:

| | Right | Left |
|---------------|-------|-------|
| Present | (1) | (1) |
| Not present | (2) | (2) |
| Cannot assess | (M) | (M) |

C. Intra-ocular pressure

26. IOP

a. Right eye: _____
 mm Hg

b. Left eye: _____
 mm Hg

27. Method of IOP determination (check only one):

- Applanation (1)
- Pneumotonometer (2)
- Tonopen (3)
- Other (specify): (4)

_____ method

D. Ophthalmoscopy

28. Can the fundus be seen:

| | Right | Left |
|-----|-------|-------|
| Yes | (1) | (1) |
| No | (2) | (2) |

36. _____ **36.** _____

If only one fundus can be seen, complete section D (items 29-35) for that eye only. Continue for both eyes on item 36 in section E.

29. Vitreous haze (check only one for each eye):

| | Right | Left |
|---|-------|-------|
| 0 Clear | (1) | (1) |
| 1+ Opacities without obscuration of retinal details | (2) | (2) |
| 2+ Few opacities resulting in mild blurring of posterior details of optic nerve and retinal vessels | (3) | (3) |
| 3+ Optic nerve head and retinal vessels significantly blurred but still visible | (4) | (4) |
| 4+ Dense opacity obscuring optic nerve head | (5) | (5) |
| Cannot assess | (M) | (M) |

30. Vitreous abnormalities
(check all that apply for each eye)

| | Right | Left |
|---|-------|-------|
| a. Hemorrhage: | (1) | (1) |
| b. Debris/particles: | (1) | (1) |
| c. Intermediate uveitis: | (1) | (1) |
| d. Endophthalmitis | (1) | (1) |
| e. Other uveitis syndrome <i>(specify):</i> | (1) | (1) |

 right eye specify

 left eye specify

| | | |
|----------------------------|-------|-------|
| f. Other (specify): | (1) | (1) |
|----------------------------|-------|-------|

 right eye specify

 left eye specify

| | | |
|--------------------------------------|-------|-------|
| g. No vitreous abnormalities: | (1) | (1) |
| h. Cannot assess: | (1) | (1) |

31. Disc abnormalities:

| | Right | Left |
|---------------|-------|-------|
| Present | (1) | (1) |
| Absent | (2) | (2) |
| Cannot assess | (M) | (M) |

32. Vascular abnormalities of the retina
(check all that apply for each eye)

| | Right | Left |
|---|-------|-------|
| a. Central retinal vein occlusion: | (1) | (1) |
| b. Branch retinal vein occlusion: | (1) | (1) |
| c. Central retinal artery occlusion: | (1) | (1) |
| d. Branch retinal artery occlusion: | (1) | (1) |
| e. Cotton wool spot(s): | (1) | (1) |
| f. Intraretinal hemorrhage: | (1) | (1) |
| g. Microaneurysms: | (1) | (1) |
| h. Other (specify): | (1) | (1) |

 right eye specify

 left eye specify

| | | |
|--------------------------------------|-------|-------|
| i. No vascular abnormalities: | (1) | (1) |
| j. Cannot assess: | (1) | (1) |

Specify which eye(s) and subitem(s) unable to assess

 specify eye(s) and subitem(s)

33. Macular edema present
(check only one for each eye):

| | Right | Left |
|-----------------------------|-------|-------|
| Yes, no angiogram performed | (1) | (1) |
| Yes, confirmed by angiogram | (2) | (2) |
| Borderline, equivocal | (3) | (3) |
| No | (4) | (4) |
| Cannot assess | (M) | (M) |

34. Is an epiretinal membrane present
(check only one for each eye):

| | Right | Left |
|--|-------|-------|
| Yes, mild (cellophane reflex) | (1) | (1) |
| Yes, moderate to severe (vessel tortuosity) | (2) | (2) |
| Borderline, equivocal | (3) | (3) |
| No | (4) | (4) |
| Cannot assess | (M) | (M) |

35. Other fundus abnormalities:
(check all that apply for each eye)

- | | Right | Left |
|---|-------|------|
| a. Retinal tear: | () | () |
| b. Other fundus abnormality (specify): | () | () |
| _____ | | |
| right eye specify | | |
| _____ | | |
| left eye specify | | |
| c. No other fundus abnormality: | () | () |
| d. Cannot assess: | () | () |

E. Visual acuity

**36. Ocular condition(s) causing reduction in
 best corrected visual acuity to worse than
 20/32 (check all that apply for each eye)**

- | | Right | Left |
|--|-------|------|
| a. Not applicable (best corrected visual acuity 20/32 or better today): | () | () |
| b. Conjunctivitis: | () | () |
| c. Keratitis: | () | () |
| d. Ocular hypotony: | () | () |
| e. Cataract: | () | () |
| f. CMV retinitis: | () | () |
| g. Herpetic retinitis: | () | () |
| h. Toxoplasmic retinitis: | () | () |
| i. Choroidopathy: | () | () |
| j. Retinal vein occlusion: | () | () |
| k. Retinal artery occlusion: | () | () |
| l. Suspected syphilitic eye disease: | () | () |
| m. Optic atrophy: | () | () |
| n. Optic neuropathy: | () | () |
| o. Glaucoma: | () | () |
| p. Endophthalmitis: | () | () |
| q. Retinal detachment: | () | () |
| r. Uveitis: | () | () |
| s. Macular edema: | () | () |
| t. Amblyopia: | () | () |
| u. Other (specify): | () | () |

right eye specify

left eye specify

- v. No apparent cause:** () ()

F. Diagnoses

- 37. Abnormalities diagnosed or continuing**
 (i.e., not resolved), or procedures
 performed at time of examination:
*(If ever diagnosed with CMV retinitis, check in-
 volved eyes); (check all that apply for each eye)*
- | | Right | Left |
|---|-------|-------|
| a. CMV retinitis <i>(If checked, complete a CMV Retinitis form):</i> | (1) | (1) |
| b. Herpetic retinitis <i>(If checked, complete a Herpetic Retinitis form):</i> | (1) | (1) |
| c. Toxoplasmic retinitis <i>(If checked, complete a Toxoplasmic Retinitis form):</i> | (1) | (1) |
| d. Cryptococcal choroidopathy <i>(If checked, complete a Choroidopathy form):</i> | (1) | (1) |
| e. Pneumocystis choroidopathy <i>(If checked, complete a Choroidopathy form):</i> | (1) | (1) |
| f. Syphilitic eye disease <i>(If checked, complete a Syphilitic Eye Disease form):</i> | (1) | (1) |
| g. Cranial nerve abnormality <i>(If checked, complete a Cranial Nerve Abnormality form):</i> | (1) | (1) |
| h. Keratitis or Conjunctivitis <i>(If checked, complete a Keratitis/Conjunctivitis form):</i> | (1) | (1) |
| i. Non-infectious uveitis <i>(If checked, complete a Non-Infectious Uveitis form):</i> | (1) | (1) |
| j. Optic nerve abnormality <i>(If checked, complete an Optic Nerve Abnormality form):</i> | (1) | (1) |
| k. Ocular motility or alignment abnormality <i>(If checked, complete a Cranial Nerve Abnormality form):</i> | (1) | (1) |
| l. Retinal detachment or re-attachment <i>(If checked, complete a Retinal Detachment form):</i> | (1) | (1) |
| m. Other (specify): | (1) | (1) |
| _____ | | |
| right eye specify | | |
| _____ | | |
| left eye specify | | |
| n. None of the above: | (1) | (1) |

- 38. Abnormalities diagnosed or continuing**
(check all that apply for each eye)
- | | Right | Left |
|---|-------|-------|
| a. Vitreous hemorrhage: | (1) | (1) |
| b. Endophthalmitis: | (1) | (1) |
| c. Chronic ocular hypotony <i>(other than perioperatively):</i> | (1) | (1) |
| d. Herpes zoster ophthalmicus: | (1) | (1) |
| e. Pupil abnormality: | (1) | (1) |
| _____ | | |
| specify pupil abnormality | | |
| f. Other (specify): | (1) | (1) |
| _____ | | |
| right eye specify | | |
| _____ | | |
| left eye specify | | |
| g. None of the above: | (1) | (1) |

G. Treatment

- 39. Based on only lens status, would the
 patient be a candidate for cataract surgery**
(check only one for each eye):
- | | Right | Left |
|-----|-------|-------|
| Yes | (1) | (1) |
| No | (2) | (2) |
- 40. Based only on eye examination findings,
 is laser treatment indicated**
(check only one for each eye):
- | | Right | Left |
|---------------------------------------|-------|-------|
| Yes <i>(specify laser procedure):</i> | (1) | (1) |
| _____ | | |
| right eye specify | | |
| _____ | | |
| left eye specify | | |
| No | (2) | (2) |
- 41. Based only on eye examination findings,
 is anti-inflammatory therapy for macular
 edema indicated**
(check all that apply for each eye)
- | | Right | Left |
|--------------------------------------|-------|-------|
| a. Yes, periocular injection: | (1) | (1) |
| b. Yes, topical therapy: | (1) | (1) |
| c. Yes, systemic therapy: | (1) | (1) |
| d. No: | (1) | (1) |

H. Administrative information

42. Date form reviewed:

____ - ____ - ____
day month year

43. Ophthalmologist ID: _____

44. Ophthalmologist signature:

45. Clinic coordinator ID: _____

46. Clinic coordinator signature:
