LSOCA

Eye History

Purpose: Record ophthalmologic history.

When: All clinic visits, baseline and followup. Also at interim visits when an ocular opportunistic infection is diagnosed.

By whom: Study ophthalmologist and clinic coordinator.

Α.	Clinic,	patient,	and	visit	iden	tifica	tion

- **1.** Clinic ID code: ____ ___ ___
- **2.** Patient ID#: ____ ___ ___
- **3.** Patient name code: ____ __ ___ ___
- 4. Date of visit:

=		_=
day	month	year

- 5. Visit ID code:
- **6.** Sequential number of this EH form:

First form completed on any one date is number 01; number additional forms sequentially.

B. Ocular event history

7. Date most recent Eye History form was completed

(record date of enrollment for baseline visit):

day	month	year

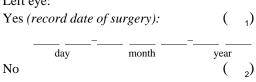
- **8.** Has the patient had retinal detachment surgery since date in item 7, or ever if baseline visit:
 - **a.** Right eye

Yes (record date of surgery):

day month year

No (2)

b. Left eye:



9. Has the patient had cataract surgery since date in item 7, or ever if baseline visit:

a. Right eye

Yes (r	ecord date	of surgery):	(1)
-		month	year
No			(,)

b. Left eye:

Yes (record date of	of surgery):	(1/
		month	year	
No			(2

- **10.** Has the patient had ganciclovir implant surgery since date in item 7, or ever if baseline visit:
 - a. Right eye

Yes (record date of surgery): (1)

day	month	year
		(2)
		\ 2/

No **b.** Left eye:

Yes	(1)	
	 month	year	
No		(2)

11. Has the patient had any other ophthalmologic surgeries or laser procedures since date in item 7, or ever if baseline visit:

Yes (1) (1)
No (2) (2)

15. 15.

List other surgeries or procedures and in which eye(s).

b. 13. O a. b. 14. O a. b. 15. Hasin vi	Name			
 13. O a. b. 14. O a. b. lf re 15. Hasin vi a. 	eye(s)	of surgery of involved:	or procedure and	
a. b. 14. O a. b. 15. Hasii vi	Date	of surgery or	r procedure:	
a. b. 14. O a. b. 15. Hasii vi		day	month	year
b. 14. O a. b. 15. Ha sin vi	ther su	argery or pro	ocedure (#2):	
14. Oa.b.If re15. Hasin via.	Name eye(s)	e of surgery of involved:	or procedure and	
a. b. If re 15. Hasin vi a.	. Date	of surgery or	r procedure:	
a. b. If re 15. Hasin vi a.		day	month ———	year
a. b. If re 15. Hasin vi a.	ther su	argery or pro	cedure (#3):	
If re 15. Ha sin vi	Name		or procedure and	
re 15. Ha sin vi a.	. Date	of surgery or	r procedure:	
sii vi a.			month mologic surgeries additional forms.	year need to be
			a syndrome occurre or ever if baseline	d
			$\binom{\operatorname{Yes}}{1}$	(No
				16.
16. H	Did c	onjunctival s	scarring ensue:	
16. H:	Yes		Right (1)	Left
16. H:	No		$\begin{pmatrix} & 1 \\ & 2 \end{pmatrix}$	$\begin{pmatrix} & & & \\ & & & \\ & & & \end{pmatrix}$
			me occurred since or if baseline visit:	No
			(1)	(₂)

	R	ight	L	eft
a. CMV retinitis (If checked, complete a CM' Retinitis form):	V (1)	(1
b. Herpetic retinitis (If checked, complete a Herpetic Retinitis form):	(1)	(1
c. Toxoplasmic retinitis (If checked, complete a Toxoplasmic Retinitis form)	:(1)	(1
d. Cryptococcal choroidopathy (<i>If checked, complete a Choroidopathy form</i>):	(1)	(
e. Pneumocystis choroidopathy (<i>If checked, complete a Choroidopathy form</i>):	y (1)	(1
f. Syphilitic eye disease (<i>If checked, complete a Syphilitic Eye Disease form</i>):	(1)	(1
g. Cranial nerve abnormality (If checked, complete a Cranial Nerve Abnormality form):	(1)	(1
h. Keratitis or conjunctivitis (If checked, complete a Keratitis/Conjunctivitis form):	(1)	(1
i. Non-infectious uveitis (If checked, complete a Non-Infectious Uveitis form):	(1)	(,
j. Optic nerve abnormality (If checked, complete an Op Nerve Abnormality form):	tic (1)	(1
k. Ocular motility or alignmen abnormality (If checked, complete a Cranial Nerve Abnormality	t		,	
form): 1. Retinal detachment or re-atta	(achi	₁) ment	(
surgery (If checked, complete a Retinal Detachment form):			(
m. Other (specify):	(-	(
right eye speci	fy			
1.6	Y			
left eye specit				

18. Has the patient had any of the following abnormalities diagnosed since date in item 7, or ever if baseline visit: (check all that apply for each eye)

Right Left

a. Vitreous hemorrhage: (1) (1)

b. Endophthalmitis: $\begin{pmatrix} 1 \end{pmatrix}$

c. Chronic ocular hypotony (other than perioperatively): (1) (1)

d. Herpes zoster ophthalmicus: $\begin{pmatrix} 1 \end{pmatrix}$

e. Pupil abnormality: $\begin{pmatrix} & & \\ & & \end{pmatrix}$

specify pupil abnormality

f. Other (specify): $\begin{pmatrix} 1 \end{pmatrix}$

right eye specify

g. None of the above: $\binom{1}{1}$

- C. Administrative information
- **19.** Date form reviewed:

day month year

- **20.** Study Ophthalmologist ID:
- **21.** Study Ophthalmologist signature:
- **22.** Clinic coordinator ID:
- 23. Clinic coordinator signature: