

Herpetic Retinitis

Purpose: Record ophthalmologic findings about herpetic retinitis.

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

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 form completed:

 day month year
- 5. Visit ID code: _____

B. Diagnosis information

6. Date of most recent Herpetic Retinitis form completed (*put "N-N-N" at baseline exam or at initial diagnosis of herpetic retinitis*):

 day month year

7. Newly diagnosed or a baseline visit:

 Yes No
 (1) (2)

13. _____

8. Diagnosis of herpetic retinitis

a. Date of diagnosis:

 day month year

b. Eyes affected at time of diagnosis:

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

9. Source of diagnostic information (*check all that apply*)

- a. Ophthalmologic exam: (1)
- b. Formal visual field testing (eg, Goldmann visual fields): (1)
- c. Medical records: (1)
- d. Laboratory data: (1)
- e. Health care provider: (1)
- f. Patient: (1)
- g. Other (*specify*): (1)

_____ specify

_____ specify

10. Type of herpetic retinitis (*check only one for each eye*):

	Right	Left
Progressive outer retinal necrosis	(1)	(1)
Acute retinal necrosis	(2)	(2)
Other (<i>specify</i>):	(3)	(3)

_____ right eye specify

_____ left eye specify

Not applicable (N) (N)

11. Did the patient receive anti-herpetic therapy at least 14 of the 28 days prior to diagnosis:

 Yes No
 (1) (2)

13. _____

12. Anti-herpetic therapy received
(check all that apply)

- a. Acyclovir: ()
- b. Foscarnet: ()
- c. Ganciclovir: ()
- d. Valacyclovir: ()
- e. Famciclovir: ()
- f. Other (*specify*): ()

_____ other anti-herpetic therapy

- g. Don't know: ()

C. Ophthalmic exam

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. Location of herpetic retinitis
(check all that apply for each eye)

- | | Right | Left |
|------------------------------|------------------------------|------------------------------|
| a. Zone 1: | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| b. Zone 2: | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| c. Zone 3: | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| d. Cannot completely assess: | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
- Specify which eye(s) and zone(s) cannot be assessed:*

_____ specify eye(s) and zone(s)

- e. No lesions: () ()

15. Estimate area of retina with herpetic retinitis
(record "N" if no lesions, "M" if cannot assess)

- a. % of retina with herpetic retinitis OD
 (right eye) (*estimate to nearest 5 percent*):
- _____ %

- b. % of retina with herpetic retinitis OS
 (left eye) (*estimate to nearest 5 percent*):
- _____ %

16. Active lesion:

- | | Right | Left |
|------------------|------------------------------|------------------------------|
| Yes | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| No | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Cannot determine | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| No lesions | (<input type="checkbox"/>) | (<input type="checkbox"/>) |

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

- | | Right | Left |
|----------------|------------------------------|------------------------------|
| Better | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Same | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Worse | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Cannot assess | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Not applicable | (<input type="checkbox"/>) | (<input type="checkbox"/>) |

D. Administrative information

18. Date form reviewed:

_____ day _____ month _____ year

19. Study ophthalmologist ID: _____

20. Study ophthalmologist signature:

21. Clinic coordinator ID: _____

22. Clinic coordinator signature:
