

Optic Nerve Abnormality

Purpose: Record optic nerve abnormalities.

When: At baseline and all followup visits for patients who have ever been diagnosed with optic nerve abnormalities that constitute a major ocular complication. For patients with other optic nerve abnormalities, complete an ON form whenever an optic nerve abnormality is diagnosed, or a prior occurrence is first reported.

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 mon year

5. Visit ID code: _____

B. Optic nerve abnormalities

6. Date most recent Optic Nerve Abnormality form was completed (*put "N-N-N" at baseline exam or at initial diagnosis of a optic nerve abnormality*):

_____ - _____ - _____
day mon year

7. Newly diagnosed or a baseline visit:
Yes (1) No (2)

10.

8. Optic nerve abnormalities

a. Date of diagnosis:
_____ - _____ - _____
day mon year

b. Eyes affected at time of diagnosis:

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

c. If yes, specify abnormality

right eye diagnosis

right eye ICD9 code

left eye diagnosis

left eye ICD9 code

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. Current status of optic nerve abnormality
(check only one for each eye):

	Right	Left
Progressing	(1)	(1)
Stationary	(2)	(2)
Improving	(3)	(3)
Don't know	(D)	(D)
Not applicable	(N)	(N)

11. Appearance of optic disc:

	Right	Left
Normal	(1)	(1)
Swollen	(2)	(2)
Atrophic	(3)	(3)
Cupped appearance <i>(suspicious for glaucoma)</i>	(4)	(4)
Don't know	(D)	(D)
Not applicable	(N)	(N)
Other <i>(specify):</i>	(5)	(5)

_____ specify

12. Is there evidence for increased intracranial pressure today or within the last four weeks:

Yes	No
(1)	(2)

14. _____

a. Evidence:

Elevated opening pressure on lumbar puncture	(1)
Other <i>(specify):</i>	(2)

_____ specify

13. Most likely etiology of the elevated intracranial pressure *(check only one):*

Cryptococcal meningitis	(1)
Other infectious meningitis	(2)
Non-infectious meningitis	(3)
Pseudotumor cerebri or idiopathic intracranial HTN	(4)
Intracranial tumor	(5)
Other <i>(specify):</i>	(6)

_____ specify

_____ specify ICD9 code

Don't know	(D)
Not applicable	(N)

14. Is a non-glaucomatous optic neuropathy present:

	Right	Left
Yes	(1)	(1)
No	(2)	(2)
Don't know	(D)	(D)

17. _____

17. _____

17. _____

17. _____

15. On what basis is a non-glaucomatous optic neuropathy diagnosed *(check all that apply for each eye)*

	Right	Left
a. Diminished visual acuity:	(1)	(1)
b. Diminished color vision:	(1)	(1)
c. Visual field defect:	(1)	(1)
d. Afferent pupillary defect:	(1)	(1)
e. Other <i>(specify):</i>	(1)	(1)

_____ right eye specify

_____ left eye specify

16. Most likely etiology of the non-glaucomatous optic neuropathy (check only one for each eye):

	Right	Left
Infection (<i>specify</i>):	(01)	(01)
_____ specify infection		
Compression (<i>specify</i>):	(02)	(02)
_____ specify		
Demyelinating disease (<i>specify</i>):	(03)	(03)
_____ specify		
Other inflammatory, non-infectious disease (<i>specify</i>):	(04)	(04)
_____ specify		
Genetic disease (<i>specify</i>):	(05)	(05)
_____ specify		
Ischemic disease (<i>specify</i>):	(06)	(06)
_____ specify		
Trauma (<i>specify</i>):	(07)	(07)
_____ specify		
Chronic papilledema	(08)	(08)
Invasive cryptococcal optic neuropathy	(09)	(09)
Syphilis	(10)	(10)

	Right	Left
Other invasive optic neuropathy (<i>specify</i>):	(11)	(11)
_____ specify		
_____ specify ICD9 code		
Medication toxicity (<i>specify</i>):	(12)	(12)
_____ specify medication(s)		
Other toxicity (<i>specify</i>):	(13)	(13)
_____ specify		
Inadequate nutrition (<i>specify</i>):	(14)	(14)
_____ specify		
Other etiology (<i>specify</i>):	(15)	(15)
_____ right eye specify		
_____ specify ICD9 code (right eye)		
_____ left eye specify		
_____ specify ICD9 code (left eye)		
Don't know	(D)	(D)
Not applicable	(N)	(N)

17. Is glaucomatous optic atrophy present:

	Right	Left
Yes	(1)	(1)
No	(2)	(2)
Don't know	(D)	(D)

18. Type of glaucoma:

	Right	Left
Primary open angle glaucoma	(1)	(1)
Other (<i>specify</i>):	(2)	(2)

_____ specify type

_____ specify ICD9 code

Not applicable (N) (N)

19. Are other disc abnormalities present in the right eye:

Yes (1)
No (2)

Don't know (D)

20. _____

20. _____

If Yes, specify abnormalities involved including ICD9 code

1st other disc abnormality and ICD9 code (OD)

_____ specify abnormality

_____ specify ICD9 code

2nd other disc abnormality and ICD9 code (OD)

_____ specify abnormality

_____ specify ICD9 code

3rd other disc abnormality and ICD9 code (OD)

_____ specify abnormality

_____ specify ICD9 code

20. Are other disc abnormalities present in the left eye:

Yes (1)

No (2)

Don't know (D)

21. _____

21. _____

If Yes, specify abnormalities involved including ICD9 code

1st other disc abnormality and ICD9 code (OS)

_____ specify abnormality

_____ specify ICD9 code

2nd other disc abnormality and ICD9 code (OS)

_____ specify abnormality

_____ specify ICD9 code

3rd other disc abnormality and ICD9 code (OS)

_____ specify abnormality

_____ specify ICD9 code

C. Administrative information

21. Date form reviewed:

_____ day _____ mon _____ year

22. Ophthalmologist ID: _____

23. Ophthalmologist signature: _____

24. Clinic coordinator ID: _____

25. Clinic coordinator signature: _____