

13. Location of the detachment (check all that apply)

- a. Zone 1: (1)
- b. Zone 2: (1)
- c. Zone 3: (1)
- d. Don't know: (9)

14. Is the central macula detached (check only one):

- Yes (1)
- No (2)
- Don't know (9)

15. Location of detachment break relative to any retinitis lesion(s) (check all that apply)

- a. No retinitis present: (1)
- b. Along lesion borders: (1)
- c. Within lesion: (1)
- d. Within uninvolved retina: (1)
- e. Uncertain: (1)
- f. Not applicable (non-rhegmatogenous detachment) (N)

16. Estimate area of retina with retinitis (% of retina to the nearest 5 percent, enter "N" if no retinitis is present):

_____ %

D. Surgery

Skip to Section E. if report is for detachment only

17. Date of surgery to repair/treat detachment:

_____ day _____ month _____ year

18. Repair/treatment procedure (check all that apply)

- a. Therapeutic laser: (1)
- b. Scleral buckle: (1)
- c. Vitrectomy with oil: (1)
- d. Vitrectomy without oil: (1)
- e. Cryopexy: (1)
- f. Other (specify): (1)

_____ specify

E. Administrative information

19. Date form reviewed:

_____ day _____ month _____ year

20. Ophthalmologist ID: _____

21. Ophthalmologist signature:

22. Clinic coordinator ID: _____

23. Clinic coordinator signature:
