LSOCA

Toxoplasmic Retinitis

Purpose: Record ophthalmologic findings about toxoplasmic retinitis.

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

By whom: Study ophthalmologist and clinic coordinator.

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A. Clinic, patient and visit identification	on	9. Source of diagnostic information (check all that apply)		
1. Clinic ID code:		a. Ophthalmologic exam:	(1)
2. Patient ID#:		b. Formal visual field testing (eg, Goldmann visual fields):	(1)
		c. Medical records:	(1)
3. Patient name code:		d. Laboratory data:	(1)
4. Date form completed:		e. Health care provider:	(1)
- Date form completed.	_	f. Patient:	(1)
day mon	year	g. Other (specify):	(1)
5. Visit ID code:				
		specify		
B. Diagnosis information				
6. Date of most recent Toxoplasmic		specify		
Retinitis form completed (put "N-N-N" at baseline exam or a nosis of toxoplasmic retinitis): day mon	at initial diag- year	10. Did the patient receive an agent active against toxoplasmosis for at least 14 of the 28 days prior to diagnosis: (Yes (1)	(No 2)
7. Newly diagnosed or a baseline visit		12	<u>.</u> .	
Ye (s (No)	11. What anti-toxoplasmosis medications did the patient receive (<i>check all that apply</i>):		
	13.	a. Pyrimethamine (Daraprim)	(1)
8. Diagnosis of toxoplasmic retinitis:		b. TMP/SMX (Bactrim, Septra R)	(1)
a. Date of diagnosis:		c. Other sulfa drugs	(1)
	_=	d. Clindamycin	(1)
day mon b. Eyes affected at diagnosis:	year	e. Atovaquone (Mepron)R	(1)
Rig	ht Left	f. Other (specify):	(1)
Yes (1) (1)			
No (2) (2)			
		12. When toxoplasmic retinitis was first diagnosed, was the active retinitis adjacent to a chorioretinal scar (suggestive of congenital toxoplasmosis):		Left
		Yes (1)	()
		No (₂)	(2)
		Don't know (D	(_D)

Not applicable

18. Lesion activity since date in item 6 for

C. Ophthalmic exam

						pre-existing lesion(s) (check only one for each eye)					
13. Number of relapses since date in item 6 (For baseline, # of relapses since first diagnosis. For followup, # of relapses since last study visit.			(check only one for each eye,		ight		Lŧ	eft			
			Better	(1)		(1)			
	Record "N" if newly diagnosed	1):				Same	(2)		(2)
			_			Worse	(3)		(3)
14.	Location of toxoplasmic retini	tis 1	esion(s)		Cannot assess	((_M		(_M)
	(check all that apply for each	eye	?)			Not applicable	($_{N})$		(_N)
		R	ight	I	eft	10 No. 101-2070 Store 107-207					
	a. Zone 1:	(1)	(1)	19. New lesion(s) since date in it (check only one for each eye)					
	b. Zone 2:	(1)	(1)			ight		Le	eft
	c. Zone 3:	(1)	(1)	Yes	(1)		(1)
	d. Cannot completely assess:	(1)	(1)	No	(2)		(2)
	Specify which eye(s) and		-	canno	•	Cannot assess	($_{M})$		((_M
	assessed:		()			Not applicable					
						(for BL or initial diagnosis only)	(_N)		(_N)
	specify eye(s) and					2	`		22.		
	e. No lesions:	(1)	(1)	2	4.	_	44.		-
15. Number of visible discrete toxoplasmic lesions (Discrete lesions are 750 μ or more in diameter and 750 μ or more from another lesion. Record "N" if no lesion, "M" if cannot assess)			(record "N" if eye has no cannot assess) a. Right eye:	new	lesi	ons,		if			
	a. Right eye:		_			b. Left eye:		ē		_	
	b. Left eye:		_			21. Location of new lesion(s) (check all that apply for each	eye))			
16.	Estimate area of retina with to	xop	lasmic				R	ight		Le	eft
	retinitis (record "N" if no lesion, "M" i	if ca	nnot a	ccace)	,	a. Zone 1:	(1)		(1)
	a. % of retina with toxoplasm	•			'	b. Zone 2:	(1)		(1)
	OD (right eye) (estimate to				nt):	c. Zone 3:	(1)		(1)
						d. Cannot completely assess:	(1)		(1)
	b. % of retina with toxoplasm OS (left eye) (estimate to n		etinitis		t):	Specify which eye(s) and assessed:	l zo1	ne(s)	cani	not	be
				specify eye(s) an	d zone	e(s)					
			·	%		e. No new lesions:	(1)		(1)
17.	Active lesion (check only one	for e	each e	ye):							
		R	ight	I	_eft						
	Yes	(1)	(1)						
	No	(2)	(2)						
	Cannot determine	(M)	(M)						
	No lesions	(_N)	(_N)						

D. Administrative information

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	_		_
	day	mon	year
23. Ophth	almologist ID:		
24. Ophth	almologist sign	ature:	
25. Clinic	coordinator ID	:	
26. Clinic	coordinator sig	mature:	