

C. Forms checklist

	Required	Completed	Missed	Pending
11. AP: Automated Perimetry:	()	()	(*)	()
12. AR: Antiretroviral Treatment History:	()	()	()	()
13. BH: Baseline Medical History:	()	()	()	()
14. BT: Baseline Treatment History:	()	()	()	()
15. CC: Cardiovascular/Cerebrovascular Events:	()	()	()	()
16. CF: Telephone Contact Form:	()	()	()	()
17. CH: Choroidopathy:	()	()	()	()
18. CN: Cranial Nerve/Motility Abnormality:	()	()	()	()
19. CR: Cardiovascular/Cerebrovascular Risk Profile:	()	()	()	()
20. CV: CMV Retinitis:	()	()	()	()
21. DD: Death Documentation:	()	()	()	()
22. DR: Death Report:	()	()	()	()
23. EE: Eye Exam:	()	()	()	()
24. EF: Enrollment Form:	()	()	()	()
25. EH: Eye History:	()	()	()	()
26. FH: Followup Medical History:	()	()	()	()
27. FT: Followup Treatment History:	()	()	()	()
28. HL: HIV Viral Load:	()	()	()	()
29. HR: Herpetic Retinitis:	()	()	()	()
30. HS: Hematology and Serum Chemistry Report:	()	()	()	()
31. KC: Keratitis/Conjunctivitis:	()	()	()	()
32. LA: Lymphocyte Subset Analysis Report:	()	()	()	()
33. LR: Laboratory Range Report:	()	()	()	()
34. MO: Notification of Ocular Opportunistic Infection <i>(formerly known as Notification of Major Ocular Complication)</i>	()	()	()	()
35. MV: Missed Visit:	()	()	()	()
36. ON: Optic Nerve Abnormality:	()	()	()	()
37. QL: Quality of Life:	()	()	()	()
38. RD: Retinal Detachment/Repair:	()	()	()	()
39. SC: Specimen Collection/Processing:	()	()	(*)	()
40. SD: Syphilitic Eye Disease:	()	()	()	()
41. TR: Toxoplasmic Retinitis:	()	()	()	()
42. UN: Non-infectious Uveitis:	()	()	()	()
43. VA: Visual Acuity/Contrast Sensitivity:	()	()	(*)	()
44. VF: Goldmann Visual Field Record:	()	()	(*)	()

* See instructions

	Required	Completed	Missed	Pending
45. VG: Visit Guide:	()	()	()	()
46. VQ: Visual Functioning Questionnaire - 25:	()	()	()	()
47. _____	()	()	()	()
48. _____	()	()	()	()
49. _____	()	()	()	()

D. Procedures checklist

50. Digital Fundus Photographs

- a. Right Eye: () () () ()
- b. Left Eye: () () () ()

51. Film Fundus Photographs

- a. Right Eye: () () () ()
- b. Left Eye: () () () ()

Complete item 52 if any procedure(s) or form(s) are missed.

52. Reasons for missing form(s) or missed procedure(s):
