Visit Guide

Purpose: List the forms required and completed or missing for both in-person and telephone contact study visits. Record keying of forms.

When: Prior to each study visit by the clinic coordinator and after completion of keying.

By Whom: Clinic coordinator.

Instructions: Prior to the start of a visit, check off (✓) the forms required in the "Required" column (Refer to LSOCA handbook). For forms that are completed, check the "Completed" column. If the Automated Perimetry (AP), Specimen Collection (SC), Visual Acuity (VA), or Goldmann Visual Fields (VF) procedure is missed at an otherwise completed visit, complete the corresponding form to document the reason for the missed procedure and check the "Completed" column on the Visit Guide. For all other missed forms or missed procedures, do not complete the corresponding form but rather check the "Missed" column on the Visit Guide and complete item 52, "Reasons for missed forms(s) or missed procedure(s)". If a form(s) is (are) pending after the visit and the set of forms for that visit are keyed without that form(s), check the "Pending" column. When the status of a pending form is resolved, the Visit Guide should be edited by crossing through previous entry and checking the new entry. Initial and date all changes. The data system must be edited to reflect the change in form status on the Visit

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- 1. Clinic ID code:
- 2. Patient ID#:
- 3. Patient name code:
- 4. Date of visit: month
- 5. Visit ID code:

B. Administrative information

- 6. Clinic coordinator initials:
- 7. Clinic coordinator ID:
- 8. Date form reviewed: month vear

9. Patient ever diagnosed with ocular opportunistic infection:



- 10. Ocular opportunistic infection and related form (check all that apply)
 - a. CMV Retinitis (CV)
 - Herpetic Retinitis (HR)
 - Toxoplasmic Retinitis (TR)

 - d. Choroidopathy (CH)

Form set posted

By whom:

(initials)

month

Data Entry posted

By whom:

(initials)

Date:

year month

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 (formerly known as Notification of Major Ocul Complication)	(ar)	()	()	()
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:	()	()	(*	.)	()

Visit Guide

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^{*} See instructions

		Requ	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:	()	()	()	()	
Co	omplete item 52 if any procedure(s) or form(s) are miss	ed.							
52.	Reasons for missing form(s) or missed procedure(s):									