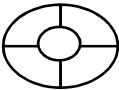
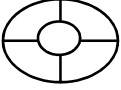




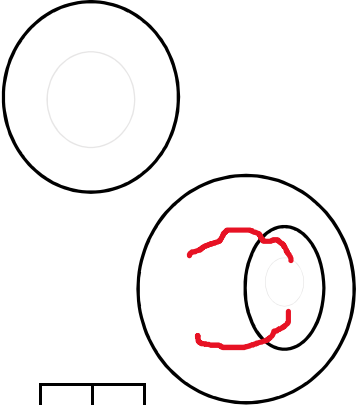
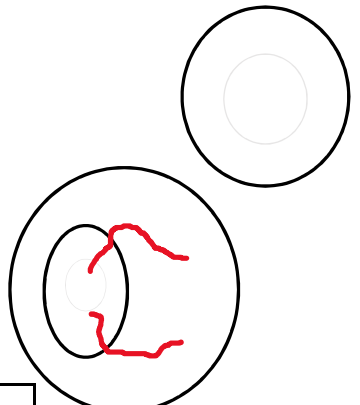


1	Hospital no./ project code																														
2	First Name, Last Name																														
3	Date of Birth (dd/mm/yyyy)													Age (years)																	
4	Glaucoma diagnosis	Right eye						Left eye																							
5	Significant interim medical/ocular history																														
6	Past glaucoma treatments	<input type="checkbox"/> 1 Medical (1)				<input type="checkbox"/> 2 Surgery (2)				<input type="checkbox"/> 3 Laser (specify) (3)																					
7	Glaucoma surgery details & dates																														
8	Current ocular medications	Names																													
	duration of use																														
	frequency of application																														
	time of last application																														
9	Visual acuity	<b>Right Eye</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>						<b>Left Eye</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>																							
	Correction status	<input type="checkbox"/> 1 Uncorrected (1)			<input type="checkbox"/> 2 Corrected with current glasses (2)			<input type="checkbox"/> 3 Best-corrected (refracted) (3)			<input type="checkbox"/> 1 Uncorrected (1)			<input type="checkbox"/> 2 Corrected with current glasses (2)			<input type="checkbox"/> 3 Best-corrected (refracted) (3)														
	Current power of glasses, or refraction, as applicable																														
10	Pupil: Round & reactive to light?	<input type="checkbox"/> 1 Yes (1)				<input type="checkbox"/> 2 No (2)				<input type="checkbox"/> 1 Yes (1)				<input type="checkbox"/> 2 No (2)																	
	If yes,	Brisk (1)		<input type="checkbox"/> 1		Sluggish (2)		<input type="checkbox"/> 2		Brisk (1)		<input type="checkbox"/> 1		Sluggish (2)		<input type="checkbox"/> 2															
	Afferent defect (or RAPD)?	<input type="checkbox"/> 1 Yes (1)		<input type="checkbox"/> 2 No (2)		<input type="checkbox"/> 1 Yes		<input type="checkbox"/> 2 No																							
11	Confrontation visual field	<input type="checkbox"/> 1 Full (1)				<input type="checkbox"/> 2 Defect (2)				<input type="checkbox"/> 1 Full (1)				<input type="checkbox"/> 2 Defect (2)																	
																															
12	Anterior segment																														
	Lids/lashes																														
	Conjunctiva																														
	For <b>Bleb review</b> , note:																														
	1. Width of bleb	<input type="checkbox"/> 1-2			<input type="checkbox"/> 3-4			<input type="checkbox"/> >4			<input type="checkbox"/> 1-2			<input type="checkbox"/> 3-4			<input type="checkbox"/> >4														
	2. Height of bleb	<input type="checkbox"/> Low			<input type="checkbox"/> Medium			<input type="checkbox"/> High			<input type="checkbox"/> Low			<input type="checkbox"/> Medium			<input type="checkbox"/> High														
	3. Bleb vascularity compared to surrounding conjunctiva	<input type="checkbox"/> Avascular			<input type="checkbox"/> Normal			<input type="checkbox"/> Mild			<input type="checkbox"/> Moderate			<input type="checkbox"/> Severe			<input type="checkbox"/> Avascular			<input type="checkbox"/> Normal			<input type="checkbox"/> Mild			<input type="checkbox"/> Moderate			<input type="checkbox"/> Severe		
	4. Presence of corkscrew vessels	If yes, number <input type="text"/>																													
	5. Conjunctival microcysts	<input type="checkbox"/> Absent			<input type="checkbox"/> Few			<input type="checkbox"/> Moderate			<input type="checkbox"/> Abundant			<input type="checkbox"/> Absent			<input type="checkbox"/> Few			<input type="checkbox"/> Moderate			<input type="checkbox"/> Abundant								
	6. Other bleb features	<input type="checkbox"/> Thinning			<input type="checkbox"/> Sweat/Leak			<input type="checkbox"/> Tenon's cyst			<input type="checkbox"/> Overhanging			<input type="checkbox"/> Thinning			<input type="checkbox"/> Sweat/Leak			<input type="checkbox"/> Tenon's cyst			<input type="checkbox"/> Overhanging								

7. Bleb photograph taken?		Yes	No	Yes	No
Cornea Anterior chamber Iris: note pupillary ruff, flakes Lens (opacity, deposits, etc)/ IOL					
13	<b>Intraocular pressure, IOP</b> Time of measurement Tonometer used Target IOP (or range)	<input type="text"/> <input type="text"/> mmHg  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> teens Low Mid Late	<input type="text"/> <input type="text"/> mmHg  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> teens Low Mid Late		
14	<b>Gonioscopy: structures seen</b>  A - dark room gonioscopy B - indentation gonioscopy	<input type="text"/> 1 Open (1) <input type="text"/> 2 Other (2)    A                      B	<input type="text"/> 1 Open (1) <input type="text"/> 2 Other (2)    A                      B		
15	<b>Dilated fundus exam</b> ONH vertical disc diameter  category 1small ○ 2 med ○ 3 large ○  Vertical cup:disc ratio, VCDR  ONH: specify excavation, notch, neuroretinal rim thinning (focal/diffuse), disc haemorrhage, peripapillary atrophy, etc  RNFL - Normal or focal/ diffuse loss  Macula Vessels Periphery Disc damage likelihood scale (DDLS) score	<input type="text"/> <input type="text"/> <input type="text"/> mm  1small ○ 2 med ○ 3 large ○  <input type="text"/> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mm  1small ○ 2 med ○ 3 large ○  <input type="text"/> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>		
16	<b>Visual field (attach print-out)</b> Test strategy & Test quality Mean deviation, MD Pattern standard deviation, PSD Visual field index, VFI Change from previous?	Machine used & date  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB <input type="text"/> <input type="text"/> %		
17	<b>PS-OCT (attach print-out)</b> Device used & Test quality & Date Average RNFL thickness Change from previous?	<input type="text"/> WNL <input type="text"/> BL <input type="text"/> ONL <input type="text"/> Mixed (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μm	<input type="text"/> WNL <input type="text"/> BL <input type="text"/> ONL <input type="text"/> Mixed (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μm		
18	<b>Additional information</b>				
19	<b>Other diagnosis</b>				
20	<b>Glaucoma stage</b>	<input type="text"/> 1 Early (1) <input type="text"/> 2 Moderate (2) <input type="text"/> 3 Advanced (3)			