

Form 3 – Eye department local information form

Date:

	Parameter	Information
1	Name of eye clinic and location - city, state, region, country	
Local Epidemiology		
2	Prevalence of glaucoma (RAAB or survey) – local or national results with dates	
3	Estimated number of people with glaucoma in the catchment area (extrapolate per million population)	
4	Potential number/proportion of undiagnosed glaucoma patients (%)	
5	Is there a local name for glaucoma? Mention	
Glaucoma patients information/statistics in the clinic		
6	Number of glaucoma patients registered in the clinic in the last 3 months (specify dates)	
7	Types of glaucoma and proportions (OAG, ACG, secondary glaucoma, etc)	
Clinical eye examination protocol and pattern of practice in the clinic		
8	Is there a written outlined clinical protocol for glaucoma diagnosis and care?	
9	In the last 3 months, of all new patients aged 40 years and above, how many had the following eye examination? <ol style="list-style-type: none"> 1. VA test 2. Pupillary reaction assessment 3. VCDR 4. IOP 5. Gonioscopy 	Total number assessed – Total number diagnosed with glaucoma - Number who had: <ol style="list-style-type: none"> 1. VA test 2. Pupillary reaction assessment 3. VCDR 4. IOP 5. Gonioscopy
Basic information on treatment for glaucoma patients in the clinic		
10	Number of glaucoma surgeries done in the last 3 months (specify dates)	