



Vision In Preschoolers Study Phase II

Gold Standard Exam

For Children Wearing Glasses



VIP Form GG (303.5)
12/15/03
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1. Identification

ID: ___ - ___ - ___ DOB: ___ - ___ - ___
Day Month Year

Name: _____

2. Color Square Test

a) Pretest

Able ()₁
 Unable ()₀

b) Finds **green** square 4 or 5 times

Yes ()₁
 No ()₀
 Incomplete ()₂

c) Finds **blue** square 4 or 5 times

Yes ()₁
 No ()₀
 Incomplete ()₂

Stop color test.
Go to Item 3

(Use zeros or dashes in each field [sphere, cyl, axis] for plano)

3. Lensometry

Single Vision Spectacles ()₁

Bi-focal ()₂

3A. OD: + / - ___ . ___ - ___ . ___ x ___
Circle Sphere Cyl Axis

3B. OS: + / - ___ . ___ - ___ . ___ x ___
Circle Sphere Cyl Axis

3C. OD: + / - ___ . ___ - ___ . ___ x ___
Circle Sphere Cyl Axis

3D. OS: + / - ___ . ___ - ___ . ___ x ___
Circle Sphere Cyl Axis

3E. OD: + ___ . ___ OS: + ___ . ___

4. Visual Acuity - Binocular Pretest (with glasses)

Able ()₁
 Unable - Training card ()₂
 Unable - PC Monitor ()₃

4a. Visual Acuity - OD (With GLASSES)
 20/____ ₁ ✓ if incomplete

4b. Visual Acuity - OS (With GLASSES)
 20/____ ₁ ✓ if incomplete

5. Determine if VA retest required.

No VA re-test required ()₀
 VA re-test required ()₁

Coord Ctr Use Only: Initials _____
 Date: ___ - ___ - ___



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6. Stereo Smile WITH GLASSES
 (Check 1 card only-the last card with 4 correct)

Unable to do Card A ()₀ (STOP, go to item 7.)

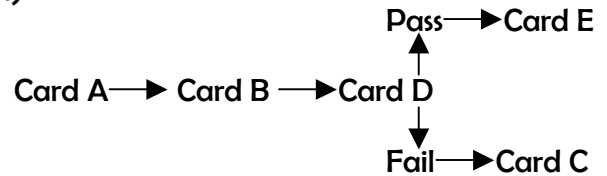
Card A ()₁

Card B ()₂

Card C ()₃

Card D ()₄

Card E ()₅



₁ ✓ if incomplete

7. Distance cover testing (Without Glasses)

Tropia (total deviation) ()₁ _____

No tropia and no phoria ()₂

No tropia; phoria unknown ()₃

Can't determine ()₄

Phoria & no tropia ()₅

7A. Laterality ₁ ✓ if incomplete
 Right ()₁
 Left ()₂
 Alternating ()₃

7B. Frequency ₁ ✓ if incomplete
 Constant ()₁
 Intermittent ()₂

7C. Direction (largest) ₁ ✓ if incomplete
 Eso ()₁
 Exo ()₂
 Hyper ()₃
 Hypo ()₄

7D. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

7E. Direction (largest) ₁ ✓ if incomplete
 Eso ()₁
 Exo ()₂
 Left Hyper ()₃
 Right Hyper ()₄

7F. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

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8. Near cover testing (Without Glasses)

- Tropia (total deviation) ()₁
- No tropia and no phoria ()₂
- No tropia; phoria unknown ()₃
- Can't determine ()₄
- Phoria & no tropia ()₅

8A. Laterality ₁ ✓ if incomplete

Right ()₁

Left ()₂

Alternating ()₃

8B. Frequency ₁ ✓ if incomplete

Constant ()₁

Intermittent ()₂

8C. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Hyper ()₃

Hypo ()₄

8D. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

8E. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Left Hyper ()₃

Right Hyper ()₄

8F. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

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Name: _____



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9. Distance cover testing (With Glasses)

- Tropia (total deviation) ()₁ _____
- No tropia and no phoria ()₂
- No tropia; phoria unknown ()₃
- Can't determine ()₄
- Phoria & no tropia ()₅ _____

9A. Laterality ₁ ✓ if incomplete

Right ()₁

Left ()₂

Alternating ()₃

9B. Frequency ₁ ✓ if incomplete

Constant ()₁

Intermittent ()₂

9C. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Hyper ()₃

Hypo ()₄

9D. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

9E. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Left Hyper ()₃

Right Hyper ()₄

9F. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

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10. Near cover testing (With Glasses)

- Tropia (total deviation) ()₁
- No tropia and no phoria ()₂
- No tropia; phoria unknown ()₃
- Can't determine ()₄
- Phoria & no tropia ()₅

10A. Laterality ₁ ✓ if incomplete

Right ()₁

Left ()₂

Alternating ()₃

10B. Frequency ₁ ✓ if incomplete

Constant ()₁

Intermittent ()₂

10C. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Hyper ()₃

Hypo ()₄

10D. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

10E. Direction (largest) ₁ ✓ if incomplete

Eso ()₁

Exo ()₂

Left Hyper ()₃

Right Hyper ()₄

10F. Magnitude ____ PD ₁ ✓ if incomplete
 (Total Deviation)

11. Versions

- No tropia in non-primary gaze ()₁
- Tropia in non-primary gaze ()₂
- Can't Determine ()₃

11A. Abnormalities (Comments):

11B. Ductions (Comments):

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**12. Non-cycloplegic retinoscopy
 (Without Presenting Glasses)**

(Use zeros or dashes in each field [sphere, cyl, axis] for plano)

OD

+ / - ____ . ____ x ____
 Circle Sphere Circle Cyl Axis

OS

+ / - ____ . ____ x ____
 Circle Sphere Circle Cyl Axis

OR

Can't Determine ₁

Can't Determine ₁

**WORK
 SPACE**

90°

180°



**WORK
 SPACE**

90°

180°



13. Anterior segment

- Normal ()₁
- Abnormal ()₂
- Too shallow for drops ()₃
- Unable ()₄

13A. Abnormal, Specify:

14. Drops

NOTE: Both sets of combination drops are REQUIRED!

Check if administered **OD** **OS**

- a) ✓ Check if no drops administered
- b) 0.5% proparacaine (Optional) ()₁ ()₁
- c) 1st combination drop (Required) ()₁ ()₁
- d) 2nd combination drop (Required) ()₁ ()₁

15. Time last drop:

__ : __

ID: _____

Name: _____



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16. Cycloplegic retinoscopy (Without Presenting Glasses)
(Use zeros or dashes in each field [sphere, cyl, axis] for plano)

OD

+ / - ____ . ____ **+ / -** ____ . ____ X ____
Circle Sphere **Circle** Cyl Axis

₁ ✓ if retinoscopy glasses refused

OS

+ / - ____ . ____ **+ / -** ____ . ____ X ____
Circle Sphere **Circle** Cyl Axis

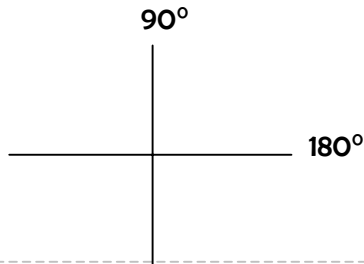
₁ ✓ if retinoscopy glasses refused

OR

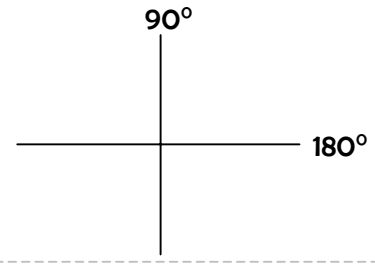
Can't Determine ₁

Can't Determine ₁

WORK SPACE



WORK SPACE



17. Is VA retest required

No ()₀

Yes ()₁ _____

Test with full cycloplegic refraction in place

Test worse eye first. If no difference, test right eye first.

17a. Visual Acuity - OD

20/____ ₁ ✓ if incomplete/unable

17b. Visual Acuity - OS

20/____ ₁ ✓ if incomplete/unable

18. Binocular indirect ophthalmoscopy

OD EXAM Normal Abnormal Incomplete

a) Macula ()₁ ()₂ ()₃

b) Disc ()₁ ()₂ ()₃

c) Media ()₁ ()₂ ()₃

d) Mid Periph. Ret()₁ ()₂ ()₃

18A. Specify:

ID: _____ - _____ - _____

Name: _____



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19. Binocular indirect ophthalmoscopy

OS EXAM	Normal	Abnormal	Incomplete
a) Macula	() ₁	() ₂	() ₃
b) Disc	() ₁	() ₂	() ₃
c) Media	() ₁	() ₂	() ₃
d) Mid Periph. Ret	() ₁	() ₂	() ₃

19A. Specify:

**20. Any extraordinary findings on the entire exam?
 (Clinically important conditions that have not
 yet been identified)**

Yes ()₁
 No ()₀

20A. Comments:

21. Examiner

a). Examiner's Initials: ___ ___
 First Last

b). Examiner's Certification Number:
 ___ ___ ___ ___

22. Date of Exam

___ - ___ - 200___
 Month Day Year

ID: ___ - ___ - ___
 Name: _____

