

# Comparison of Age-related Macular Degeneration Treatments Trials

# Baseline Refraction and Visual Acuity Testing

ID. No.: Alpha Code:
Clinic #: Week: <u>000</u>

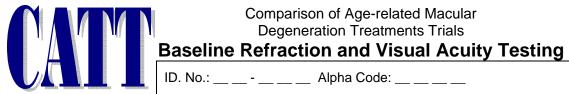
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INSTRUCTIONS: A protocol refraction of BOTH EYES is required at baseline PRIOR TO DILATION.

#### **REFRACTION**

1.	Correction obtained by subjective refraction (If Plano, enter zeros):
	a. Right Eye:
	+ / + / X
	b. Left Eye:
	+ / + / X (Circle Sign) Sphere (Circle Sign) Cylinder Axis
2.	Initials and certification number of person obtaining refraction
	a. Initials:
	b. Certification #:
3.	Date refraction was completed:
	//20 Month Day Year



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INSTRUCTIONS: A protocol visual acuity test of BOTH eyes is required at baseline PRIOR TO **DILATION.** 

### REMINDER! You MUST calibrate the EVA-ETDRS prior to VA testing!

- 1. Testing distance = 3 meters (118 inches) from monitor screen to center of exam chair seat
- 2. Brightness of screen within range on light meter
- 3. Size of EVA calibration square: horizontal = 114 mm and vertical = 114 mm

### **VISUAL ACUITY RIGHT EYE**

4.	How was visual acuity measured in the <b>RIGHT</b> eye?  ☐₀ EVA-ETDRS at 3 meters ☐₁ ETDRS Chart at 4 meters →	4a. If EVA-ETDRS was not used, please explain why.  Complete and submit ETDRS worksheet.
5.	RIGHT eye visual acuity letter score:	
<b>VIS</b>	How was visual acuity measured in the LEFT eye?  O EVA-ETDRS at 3 meters  How was visual acuity measured in the LEFT eye?  The LEFT eye?  The LEFT eye?	6a. If EVA-ETDRS was not used, please explain why.
7.	LEFT eye visual acuity letter score: —————	Complete and submit ETDRS worksheet.



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8.	Which eye is the ☐₀ Right ☐₁ Left	study eye?				
	Is the visual acuity eye greater than of less than or equal    Yes No	or equal to <u>23</u> I to <u>82</u> letters	3 letters and ??	STOP!	Patient is in	neligible!
10.	Initials and certificobtaining visual a	acuity	er of person			
	b.Certification #:					
11.	Date of visual ac	uity testing:				
	// 20	) Year				