



CATT FOLLOW-UP STUDY
Refraction & Visual Acuity Testing

VA (103.1)

09/23/2013

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ID. No.: ____ - ____ Alpha Code: ____

INSTRUCTIONS: Refraction and visual acuity testing must be performed **PRIOR TO DILATION.**

REMINDER ABOUT REFRACTING PATIENTS WITH POOR VISUAL ACUITY

For patients with acuity worse than 20/100, consult section 7.3.6 of the protocol.

REFRACTION (Required at this visit)

1. Was a CATT protocol refraction performed at this visit?

☐ No

☐ Yes

1a. Last name & certification number of person obtaining refraction

a. Print Last Name: _____

b. Certification #: _____

1b. Date refraction was completed:

____ / ____ / 201____
Month Day Year

2. Refractions used for testing visual acuity (If Plano, enter zeros):

a. Right Eye:

+ / - ____ . ____ + / - ____ . ____ X ____
(Circle Sign) Sphere (Circle Sign) Cylinder Axis

b. Left Eye:

+ / - ____ . ____ + / - ____ . ____ X ____
(Circle Sign) Sphere (Circle Sign) Cylinder Axis



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

1. Testing distance = 3 meters (118 inches) from monitor screen to the front of the patient's face
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

3. How was visual acuity measured in the **RIGHT** eye?

☐₀ EVA-ETDRS at 3 meters

☐₁ ETDRS Chart at 4 meters

3a. If EVA-ETDRS was not used, please explain why.

Complete and submit ETDRS worksheet.

4. **RIGHT** eye visual acuity letter score:

VISUAL ACUITY LEFT EYE

5. How was visual acuity measured in the **LEFT** eye?

☐₀ EVA-ETDRS at 3 meters

☐₁ ETDRS Chart at 4 meters

5a. If EVA-ETDRS was not used, please explain why.

Complete and submit ETDRS worksheet.

6. **LEFT** eye visual acuity letter score:



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7. Last name and certification number
of person obtaining visual acuity

a. Print Last Name: _____

b. Certification #: ____

8. Date of visual acuity testing:

____ / ____ / 201____
Month Day Year