

CATT FOLLOW-UP STUDY Refraction & Visual Acuity Testing

VA (103.	.1)
09/23/20	13
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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.	1. Was a CATT protocol refraction performed at this visit?	
	□₀ No	
	□₁ Yes ——→	1a. Last name & certification number of person obtaining refraction
		a.Print Last Name:
		b.Certification #:
		1b. Date refraction was completed:
		/ /2 0 1 Month Day Year

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



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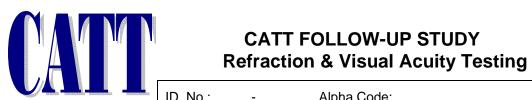
REMINDER! You MUST calibrate the EVA-ETDRS prior to VA testing!

- 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

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

3. Size of EVA calibration square: horizontal = 114 mm and vertical = 114 mm

VIS	SUAL 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.
4.	RIGHT eye visual acuity letter score:	Complete and submit ETDRS worksheet.
	BUAL ACUITY LEFT EYE 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.



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7.	Last name and certification number of person obtaining visual acuity
	a.Print Last Name:
	b.Certification #:
8.D	ate of visual acuity testing:
	/ / 201 Month Day Year