

Comparison of Age-related Macular Degeneration Treatments Trials

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Follow-Up Refraction & Visual Acuity Testing

| ID No: | Alpha Codo: | |
|-----------|-------------|------|
| ID. No | Alpha Code: | |
| Clinic #: | Week: | |

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 7.4.6 of the protocol.

REFRACTION

| \ <u></u> | FRACTION | | | |
|-----------|--|-----|--|--|
| ۱. | Was a CATT protocol refraction performed at this visit? (NOTE: Protocol refractions are required for weeks 4, 12, 24, 36, 52, 64, 76, 88 & 104.) | | | |
| □₀ No | | | | |
| | □₁ Yes —— | 1a | Initials and certification number of person obtaining refraction | |
| | | | a.Initials: | |
| | | | b.Certification #: | |
| | | 1b. | Date refraction was completed: | |
| | | | //2 0 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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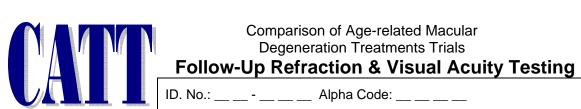
REMINDER! You MUST calibrate the EVA-ETDRS prior to VA testing!

- 1. Testing distance = 3 meters (118 inches) from monitor screen to center of exam chair seat
- 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. |
| | | |
| VIS | SUAL ACUITY LEFT EYE | F. K FVA FTDDO |
| 5. | How was visual acuity measured in the LEFT eye? | 5a. If EVA-ETDRS was not used, please explain why. |
| | ☐₁ ETDRS Chart at 4 meters → | |
| | | Complete and submit ETDRS worksheet. |



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|--|-------------------------------------|------------|---------|--|--|
| 7. | Did the Visual Acthe patient's assi | | er know | | |
| | □₁ Yes | | | | |
| 8. Initials and certification number of person obtaining visual acuity | | | | | |
| | a.Initials: | | | | |
| | b.Certification #: | | | | |
| 9.0 | Date of visual acuit | y testing: | | | |
| | / / 20 |) Year | | | |