



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

1. 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:

____ / ____ / 20 ____
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



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

Clinic #: ____ Week: ____

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

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:



Follow-Up Refraction & Visual Acuity Testing

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

Clinic #: ____ Week: ____

7. Did the Visual Acuity Examiner know
the patient's assigned drug?

☐₀ No

☐₁ Yes

8. Initials and certification number of
person obtaining visual acuity

a. Initials: ____

b. Certification #: ____

9. Date of visual acuity testing:

____ / ____ / 20____
Month Day Year