**BEFORE COMPLETING THE OCULAR EXAMINATION, YOU MUST BE ABLE TO ANSWER “YES” TO THE FOLLOWING QUESTIONS:**

* **Have you done MMP9? (Month 03 only)**

**The Following are done at Month 06, Month 12, Month 18, Month 24:**

* **Have you done Tear Osmolarity? (Centers with TearLab Osmometer)**
* **Have you done Keratography? (Centers with Oculus Keratograph)**
* **Have you done BCVA? – if >10 letter change must redo manifest refraction.**
* **Have you done Contrast Sensitivity?**
* **Have you done Tear Cytokine Collection? (Centers with -80°C freezer)**

**ITEMS 1 THOUGH 28 MUST BE PERFORMED BY THE CLINICIAN ONLY!**

1. Conjunctiva – Erythema (bulbar) **(coneryrt) (coneryle)**

Right Left

None (normal) ( )0 ( )0

Mild (flush reddish color) ( )1 ( )1

Moderate (more prominent red color) ( )2 ( )2

Severe (definite redness) ( )3 ( )3

1. Conjunctiva – Edema (bulbar) **(conedrt) (conedle)**

Right Left

None (normal) ( )0 ( )0

Mild (slight localized swelling) ( )1 ( )1

Moderate (moderate/medium localized ( )2 ( )2

swelling or mild diffuse swelling)

Severe (severe diffuse swelling) ( )3 ( )3

Very Severe (very prominent/

protruding diffuse swelling) ( )4 ( )4

1. Anterior Chamber Cells (Slit beam – 0.3 mm wide, 1.0 mm long) **(accrt) (accle)**

Right Left

Grade 0 (<1 cells in field) ( )0 ( )0

Grade 0.5 (1-5 cells in field) ( )1 ( )1

Grade 1+ (6-15 cells in field) ( )2 ( )2

Grade 2+ (16-25 cells in field) ( )3 ( )3

Grade 3+ (26-50 cells in field) ( )4 ( )4

Grade 4+ (>50 cells in field) ( )5 ( )5

1. Anterior Chamber Flare (Slit beam – 0.3 mm wide, 1.0 mm long) **(acfrt) (acfle)**

Right Left

Grade 0 (None) ( )0 ( )0

Grade 1+ (Faint) ( )1 ( )1

Grade 2+ (Moderate; iris & lens ) ( )2 ( )2

details clear)

Grade 3+ (Marked; iris & lens) ( )3 ( )3

details hazy)

Grade 4+ (Intense: fibrin or plastic) ( )4 ( )4

Aqueous

1. Tear Film Debris (tfdrt) (tfdle)

Right Left

None (absent) ( )0 ( )0

Mild (present in inferior tear meniscus) ( )1 ( )1

Moderate (present in inferior tear meniscus ( )2 ( )2

and in tear film overlying cornea)

Severe (present in inferior tear meniscus ( )3 ( )3

+ and in tear film overlying cornea.

Presence of mucus strands in

inferior fornix or on bulbar conjunctiva)

1. Lid Margin Debris (evaluate upper and lower eyelid) **(lmdrt) (lmdle)**

Right Left

Normal (0 collarettes) ( )0 ( )0

Mild (1-5 collarettes) ( )1 ( )1

Moderate (6-20 collarettes, ( )2 ( )2

a few fragments)

Severe (21-40 collarettes, 1-2 clumps) ( )3 ( )3

Very severe (40+ collarettes; > 3 clumps) ( )4 ( )4

1. Eyelid Margin – Erythema (redness & neovascularization of lid margin upper and lower eyelid) **(eyemrt) (eyemle)**

Right Left

Normal ( )0 ( )0

Mild ( )1 ( )1

Moderate ( )2 ( )2

Severe ( )3 ( )3

1. Lid Foam (soapy look along lower eyelid margin **(lidfrt) (lidfle)**

Right Left

Yes ( )1 ( )1

No ( )0 ( )0

9a1. Specify right eye abnormality: **(abnrt)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Lashes Right **(lashrt)** Left **(lashle)**

Normal ( )1 ( )1

Abnormal ( )0 ( )0

9b1. Specify left eye abnormality: **(abnle)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Eye lid skin – Edema

Right **(eyeskrt)** Left **(eyeskle)**

None (normal) ( )0 ( )0

Mild (localized to a small region

of the lid) ( )1 ( )1

Moderate (diffuse, most/all lid but

not prominent/protruding) ( )2 ( )2

Severe (diffuse, most or all lid

AND prominent/protruding) ( )3 ( )3

Very Severe (diffuse AND

prominent/protruding

AND reversion of the lid) ( )4 ( )4

1. Chalazion present on any eyelid?

Right **(chalazrt)** Left **(chalazle)**

No ( )0 ( )0

Yes ( )1 ( )1

1. Facial skin: rosacea: **(fsrrt)**

No ( )0

Yes ( )1

**TEAR BREAK UP TIME RIGHT EYE**

**Instructions**

* Instill 5 µL of fluorescein 2% in the **right eye.** Allow patient to blink a few times.
* Wait **30 seconds** after instillation.
* Measure the TBUT 3 times using a digital stopwatch within 1 minute of instillation.
* If the TBUT is >20 seconds, just record 20.0 seconds.

1. Time of drop instillation **Right Eye**: \_\_ \_\_ : \_\_ \_\_ **(droptmrt)** AM/PM **(droptmrtu)**

Hr Min circle one

**Wait 30 seconds after instillation before recording TBUT.**

1. Record TBUT time **Right Eye (USE STOPWATCH)**:

14a. 1st measure: \_\_ \_\_**.**\_\_ secs **(tbutrt1)**

14b. 2nd measure: \_\_ \_\_**.**\_\_ secs **(tbutrt2)**

14c. 3rd measure: \_\_ \_\_**.**\_\_ secs **(tbutrt3)**

**WAIT 2 MINUTES BEFORE PERFORMING CORNEAL STAINING EVALUATION OF THE RIGHT EYE**

**CORNEAL STAINING – FLUORESCEIN RIGHT EYE**

**Instructions**

* Corneal staining must be performed **approximately 2.5 minutes** after fluorescein instillation.
* Allow patient to blink a few times.
* Use a yellow barrier filter with a cobalt blue illumination.
* Score each section from Grade 0-3.

15. Fluorescein staining Grade (0-3)

**Right Eye**  **Grade**

Grade

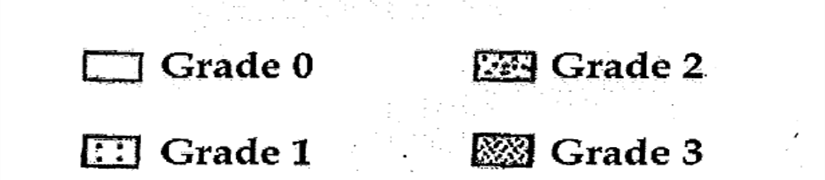
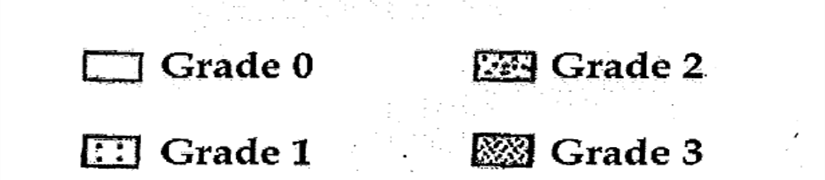
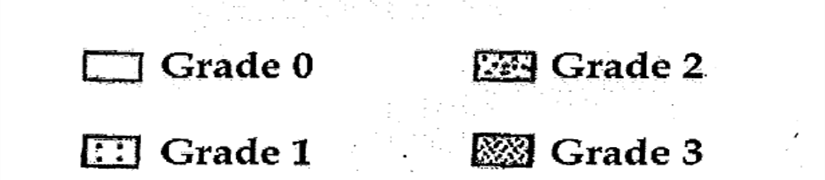
Center

Temporal

Top

Nasal

Bottomm



**0**

**1**

**2**

**3**

15a. Top \_\_\_\_ **(fluotoprt)**

15b. Center \_\_\_\_ **(fluocentrt)**

15c. Temporal \_\_\_\_ **(fluotemprt**)

15d. Bottom \_\_\_\_ **(fluobottrt)**

15e. Nasal \_\_\_\_ **(fluonasrtrt)**

1. Filamentary Keratitis Right Eye **(filart)**

No ( )0

Yes ( )1

1. Other Corneal Abnormality Right Eye **(othcabnrt)**

17A. Specify Abnormality Right Eye:

1. Corneal infiltrates **(corninfrt)** ( )1
2. Corneal abrasion **(cornabrrt)** ( )1
3. Corneal ulcer **(cornulcrt)** ( )1
4. Neovascularization **(neovascrt)** ( )1
5. Other (Specify below)

\_\_\_\_\_\_\_\_\_\_\_\_\_ **(othabnsprt1) (othabnrt1)** ( )1

\_\_\_\_\_\_\_\_\_\_\_\_\_ **(othabnsprt2) (othabnrt2)** ( )1

No ( )0

Yes ( )1

1. Meibomian Gland Evaluation (Right Eye): Plugging – **USE THE MGE with mild pressure/depress shaft about half way** (evaluate central 5 of the lower eyelid Meibomian gland openings in the mid-portion of the lower eyelid): **(meibrt)**

Right Eye

None plugged ( )0

Mild (1-2 glands plugged) ( )1

Moderate (3 -4 glands plugged) ( )2

Severe (All 5 plugged) ( )3

1. Lid Secretion from Meibomian Gland (Right Eye): (USE THE MGE- with mild pressure**/depress shaft about half way**) **(lidsecrt)**

Right Eye

Clear ( )0

Mild haze/cloudiness ( )1

Paste (like toothpaste) ( )2

Obstructed (no secretions) ( )3

**LISSAMINE GREEN STAINING OF THE INTERPALPEBRAL CONJUNCTIVA RIGHT EYE**

**INSTRUCTIONS**

1. WITHOUT flushing the eye to remove fluorescein, instill 5 µL of 1% lissamine green into the lower conjunctival sac of the right eye.

2. Grade the lissamine green staining after **1-2 minutes** have elapsed following instillation. Using white light of low intensity, grade the bulbar region of the nasal and temporal conjunctiva for staining.

3. Score each section from Grade 0-3 (maximum 6 per eye).

Time of drop instillation **Right Eye**: \_\_ \_\_ : \_\_ \_\_ **(droptmrt1)** AM/PM **(droptmrtu2)**

Hr Mins circle one

**Wait 1-2 minutes after instillation before grading.**

1. Lissamine green staining Grade (0-3/per each section)



Right Eye

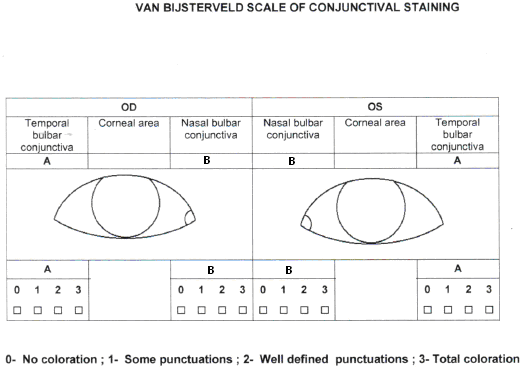
20a. Temporal **(lisstemprt)** \_\_\_\_

0= No coloration

1= Some punctations

2= Well defined punctations

3= Many punctations



T

N

20b. Nasal **(lissnasrt)** \_\_\_\_

**TEAR BREAK UP TIME LEFT EYE**

**Instructions**

* Instill 5 µL of fluorescein 2% in the **left eye.** Allow patient to blink a few times.
* Wait **30 seconds** after instillation.
* Measure the TBUT 3 times using a digital stopwatch within 1 minute of instillation.
* If the TBUT is >20 seconds, just record 20.0 seconds.

1. Time of drop instillation **Left Eye**: \_\_ \_\_ : \_\_ \_\_ **(droptmle1)**  AM/PM **(droptmleu1)**  Hr Min circle one

**Wait 30 seconds after instillation before recording TBUT.**

1. Record TBUT time **Left Eye (USE STOPWATCH)**:

22a. 1st measure: \_\_ \_\_**.**\_\_ secs **(tbutle1)**

22b. 2nd measure: \_\_ \_\_**.**\_\_ secs **(tbutle2)**

22c. 3rd measure: \_\_ \_\_**.**\_\_ secs **(tbutle3)**

**WAIT 2 MINUTES BEFORE PERFORMING CORNEAL STAINING EVALUATION OF THE LEFT EYE**

**CORNEAL STAINING – FLUORESCEIN LEFT EYE**

**Instructions**

* Corneal staining must be performed **approximately 2.5 minutes** after fluorescein instillation.
* Allow patient to blink a few times.
* Use a yellow barrier filter with a cobalt blue illumination.
* Score each section from Grade 0-3.

1. Fluorescein staining Grade (0-3)

**Left Eye**  **Grade**

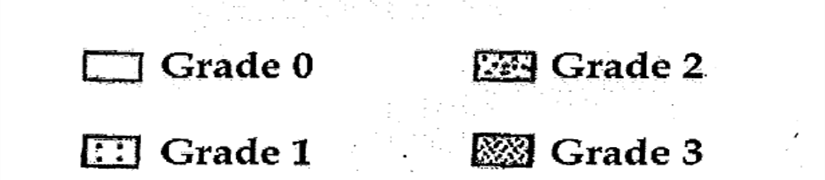
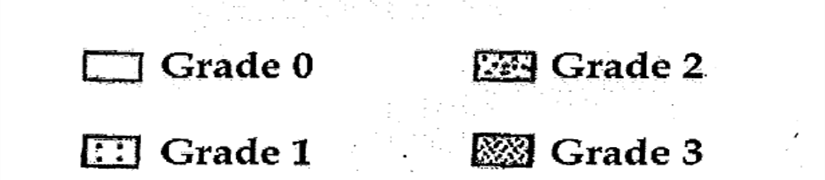
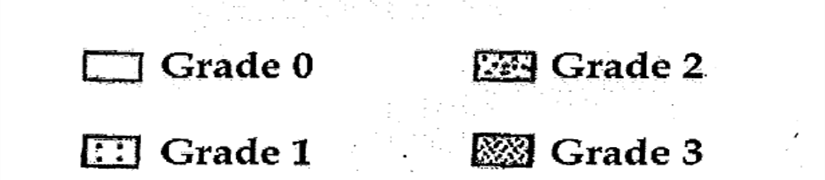
Center

Nasal

Top

Temporalal

Bottomm



**0**

**1**

**2**

**3**

23a. Top \_\_\_ **(fluotople)**

23b. Center \_\_\_ **(fluocentle)**

23c. Nasal \_\_\_ **(fluonasrtle)**

23d. Bottom \_\_\_ **(fluobottle)**

23e. Temporal \_\_\_ **(fluotemple)**

1. Filamentary Keratitis (Left Eye) **(filale)**

No ( )0

Yes ( )1

1. Other Corneal Abnormality (Left Eye) **(othcabnle)**

25A. Specify Abnormality Left Eye:

1. Corneal infiltrates **(corninfle)** ( )1
2. Corneal abrasion **(cornabrle)** ( )1
3. Corneal ulcer **(cornulcle)** ( )1
4. Neovascularization **(neovascle)** ( )1
5. Other (Specify below)

\_\_\_\_\_\_\_\_\_\_ **(othabnsple1) (othabnle1)** ( )1

\_\_\_\_\_\_\_\_\_\_ **(othabnsple2) (othabnle2)** ( )1

No ( )0

Yes ( )1

1. Meibomian Gland Evaluation (LEFT EYE): Plugging – USE THE MGE **with mild pressure/depress shaft about half way** (evaluate central 5 of the lower eyelid Meibomian gland openings in the mid-portion of the lower eyelid): **(meible)**

Left Eye

None plugged ( )0

Mild (1-2 glands plugged) ( )1

Moderate (3 -4 glands plugged) ( )2

Severe (All 5 are plugged) ( )3

1. Lid Secretion from Meibomian Gland (Left Eye):

(USE THE MGE- **with mild pressure/ depress shaft about half way**) **(lidsecle)**

Left Eye

Clear ( )0

Mild haze/cloudiness ( )1

Paste (like toothpaste) ( )2

Obstructed (no secretions) ( )3

**LISSAMINE GREEN STAINING OF THE INTERPALPEBRAL CONJUNCTIVA LEFT EYE**

**INSTRUCTIONS**

1. WITHOUT flushing the eye to remove fluorescein, instill 5 µL of 1% lissamine green into the lower conjunctival sac of the left eye.

2. Grade the lissamine green staining after **1-2 minutes** have elapsed following instillation. Using white light of low intensity, grade the bulbar region of the nasal and temporal conjunctiva for staining.

3. Score each section from Grade 0-3(maximum 6 per eye)..

Time of drop instillation **Left Eye**: \_\_ \_\_ : \_\_ \_\_ **(droptmle2)** AM/PM **(droptmleu2)**

Hr Min circle one

**Wait 1-2 minutes after instillation before grading.**

1. Lissamine green staining Grade (0-3/per each section)



**GRADE** **Left Eye**

28a. Nasal **\_\_\_\_** (lissnasle)

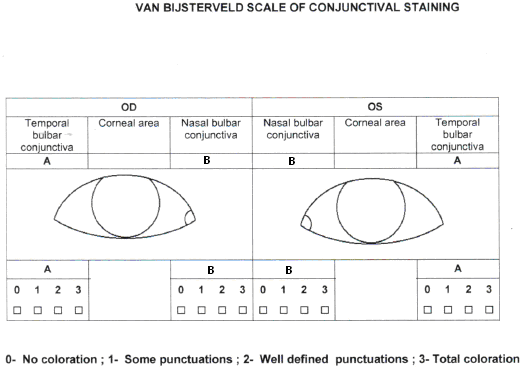
0= No coloration

1= Some punctations

2= Well defined punctations

3= Many punctations

N



28b. Temporal **\_\_\_\_ (lisstemple)**

T

1. Last name & certification number of clinician performing examination:
2. Print Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qcophcert)**
3. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcopence)**

Signature of Clinician Performing Ocular Examination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTRAOCULAR PRESSURE**

1. Instrument used to measure IOP **(instiop)**

( )1 Tonopen

( )2 Applanation

Time of anesthetic instillation: \_\_ \_\_ : \_\_ \_\_ **(anestm)** AM/PM **(anestmu)**

Hr Min circle one

1. Intraocular Pressure

a. OD: \_\_\_\_ \_\_\_\_ mm Hg **(iopod)**

b. OS: \_\_\_\_ \_\_\_\_ mm Hg **(iopos)**

32. Last name & certification number of person performing IOP:

1. Print Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qciopname)**
2. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qciopdtc)**

**Wait 5 min after instillation of anesthetic before doing Schirmer’s Test.**

**Schirmer’s Test**

**Perform a Schirmer’s Test WITH anesthesia (5 minutes after anesthesia)**

33. Record the mm of wetting after 5 minutes:

* + - 1. Right Eye: \_\_ \_\_ mm **(mmwetrt)**

b. Left Eye: \_\_ \_\_ mm **(mmwetle)**

34. Last name & certification number of person performing IOP and Schirmer’s:

1. Print Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname)**
2. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**
3. Date of Exam **(qccompdtc)**

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 201 \_\_\_

Month Day Year