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| **NOTE**: Keratography is to be performed at the Baseline visit (00) and at visit 06, 12, 18, and 24 at the DREAM Clinical Centers that have the Oculus Keratograph. **All grading must be done by the DREAM certified technician or clinician.** |

Last name & certification number of person performing keratography

a. Print Last Name: **(qclname)**

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

b. Certification #: \_\_ \_\_ \_\_ \_\_ **(qcconcert)**

c. Date keratography performed: **(qccompdtc)**

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

Month Day Year

1. Was keratography done at this visit?

**(opkerat)**

( )1 Yes

d. Reason keratography was not done:

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



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

STOP FORM COMPLETION!

( )0 No, required, but not done

Right Left



1. Tear break-up time \_\_ \_\_ . \_\_ \_\_ sec \_\_ \_\_ . \_\_ \_\_ sec

Right Left



1. Bulbar redness score \_\_ . \_\_ \_\_ . \_\_
2. Tear meniscus height (use keratography ruler)

Right Left

a. 5 o’clock \_\_ \_\_ . \_\_ \_\_ mm **(opmen5rt)** \_\_ \_\_ . \_\_ \_\_ mm **(opmen5le)**

b. 6 o’clock \_\_ \_\_ . \_\_ \_\_ mm **(opmen6rt)** \_\_ \_\_ . \_\_ \_\_ mm **(opmen6le)**

c. 7 o’clock \_\_ \_\_ . \_\_ \_\_ mm **(opmen7rt)** \_\_ \_\_ . \_\_ \_\_ mm **(opmen7le)**

1. Upper lid meibography - gland loss (use grading scale provided and select one for each eye)

Right **(opupmrt)** Left **(opupmle)**

None ( )0 ( )0

≤25% ( )1 ( )1

26-50% ( )2 ( )2

51-75% ( )3 ( )3

>75% ( )4 ( )4

1. Lower lid meibography - gland loss (use grading scale provided and select one for each eye)

Right **(oplowmrt)** Left **(oplowmle)**

None ( )0 ( )0

≤25% ( )1 ( )1

26-50% ( )2 ( )2

51-75% ( )3 ( )3

>75% ( )4 ( )4

7. Were images submitted to the Reading Center? **(opimsub)**

( )1 Yes, submitted

a. Reason not submitted: **(opimns)**

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( )0 No, not submitted