

**BASELINE EYE EXAMINATION FORM**

ID. No.: subjid- \_\_\_\_\_ Alpha Code: alpha\_code Visit # 1

*NOTE: To be completed by the study team at the Baseline Visit*

1. Date of examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **bedtc**  
Day Month Year

2. Visual Acuity: (check one box for each eye)			
	<b>Right Eye</b>	<b>Left Eye</b>	
	<b>bevisual_r</b>	<b>bevisual_l</b>	
Measurable on Chart	<input type="checkbox"/> <sub>1</sub> logMAR = ____ . ____ <b>beva_r</b>	<input type="checkbox"/> <sub>1</sub> logMAR = ____ . ____ <b>beva_l</b>	
Count Fingers	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	
Hand Motions	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	
Light Perception Only	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	
No Light Perception	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	

3A. Ocular Surface Discharge <b>Right Eye:</b> (Check all that apply)		
	Yes	No
Serous (watery) <b>beserous_r</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Purulent (yellowish, thick) <b>bepurulent_r</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Foamy (foam-like) <b>befoamy_r</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

3B. Ocular Surface Discharge <b>Left Eye:</b> (Check all that apply)		
	Yes	No
Serous (watery) <b>beserous_l</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Purulent (yellowish, thick) <b>bepurulent_l</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Foamy (foam-like) <b>befoamy_l</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

4A. Assessment of Trichiasis <b>Right Eye:</b>		# Upper Lid	# Lower Lid
a.	Number of lashes whose point touches the cornea	<u>becornea_rul</u>	<u>becornea_rll</u>
b.	Number of lashes whose point touches the globe <b>medial</b> to the cornea	<u>bemedial_rul</u>	<u>bemedial_rll</u>
c.	Number of lashes whose point touches the globe <b>lateral</b> to the cornea	<u>belateral_rul</u>	<u>belateral_rll</u>

4B. Assessment of Trichiasis <b>Left Eye:</b>		# Upper Lid	# Lower Lid
a.	Number of lashes whose point touches the cornea	<u>becornea_lul</u>	<u>becornea_lll</u>
b.	Number of lashes whose point touches the globe <b>medial</b> to the cornea	<u>bemedial_lul</u>	<u>bemedial_lll</u>
c.	Number of lashes whose point touches the globe <b>lateral</b> to the cornea	<u>belateral_lul</u>	<u>belateral_lll</u>

5. Trichiasis Grading:	<span style="color: red;">betrich_rul</span> <b>Right Eye</b> <span style="color: red;">betrich_rll</span>	<span style="color: red;">betrich_lul</span> <b>Left Eye</b> <span style="color: red;">betrich_lll</span>		
	Upper Lid	Lower Lid	Upper Lid	Lower Lid
T0: No Trichiasis	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
T1: Lashes deviated toward the eye, but not touching the globe	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
T2: Lashes touching the globe but not rubbing the cornea	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
T3: Lashes constantly rubbing the cornea	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

6. Evidence/extent of epilation (Broken/regrowing lashes or sections of eyelid denuded of lashes):

**beepilation\_rul Right Eye beepilation\_rll beepilation\_lul Left Eye beepilation\_lll**

	Upper Lid	Lower Lid	Upper Lid	Lower Lid
None	<input type="checkbox"/> _0	<input type="checkbox"/> _0	<input type="checkbox"/> _0	<input type="checkbox"/> _0
<1/3 of the lid margin	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
≥1/3 to ≤2/3 of the lid margin	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
>2/3 of the lid margin	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3

7. Entropion:

**beentropion\_rul**

**Right Eye beentropion\_rll**

**beentropion\_lul**

**Left Eye beentropion\_lll**

	Upper Lid	Lower Lid	Upper Lid	Lower Lid
E0: None	<input type="checkbox"/> _0	<input type="checkbox"/> _0	<input type="checkbox"/> _0	<input type="checkbox"/> _0
E1: Mild: (without cornea-lash base touch, ≤50% of lid margin)	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
E2: Moderate: (without cornea-lash base touch, >50% of lid margin)	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
E3: Severe: (with cornea-lash base touch, <50% of lid margin)	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3
E4: Total: (with cornea-lash base touch, >50% of lid margin)	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

8A. Is there any Eyelid Contour Abnormality in the <b>Right Eye</b> ? <span style="color: red;">becontour_r</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
8Aa. Notch present in the Right Eye: <span style="color: red;">benotchpre_r</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 <span style="color: red;">benotchloc_r__1</span> Central <input type="checkbox"/> _1 <span style="color: red;">benotchloc_r__2</span> Medial <input type="checkbox"/> _1 <span style="color: red;">benotchloc_r__3</span> Not Applicable <input type="checkbox"/> _1 <span style="color: red;">benotchloc_r__4</span>
Severity: <span style="color: red;">benotchsev_r</span>	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4
8Ab. Other kind of contour abnormality in the Right Eye <span style="color: red;">beother_r</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 <span style="color: red;">beotherloc_r__1</span> Central <input type="checkbox"/> _1 <span style="color: red;">beotherloc_r__2</span> Medial <input type="checkbox"/> _1 <span style="color: red;">beotherloc_r__3</span> Not Applicable <input type="checkbox"/> _1 <span style="color: red;">beotherloc_r__4</span>
Severity: <span style="color: red;">beothersev_r</span>	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

8B. Is there any Eyelid Contour Abnormality in the <b>Left Eye</b> ? <span style="color: red;">becontour_I</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
8Ba. Notch present in the Left Eye: <span style="color: red;">benotchpre_I</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 <span style="color: red;">benotchloc_I__1</span> Central <input type="checkbox"/> _1 <span style="color: red;">benotchloc_I__2</span> Medial <input type="checkbox"/> _1 <span style="color: red;">benotchloc_I__3</span> Not Applicable <input type="checkbox"/> _1 <span style="color: red;">benotchloc_I__4</span>
Severity: <span style="color: red;">benotchsev_I</span>	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4
8Bb. Other kind of contour abnormality in the Left Eye <span style="color: red;">beother_I</span>	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 <span style="color: red;">beotherloc_I__1</span> Central <input type="checkbox"/> _1 <span style="color: red;">beotherloc_I__2</span> Medial <input type="checkbox"/> _1 <span style="color: red;">beotherloc_I__3</span> Not Applicable <input type="checkbox"/> _1 <span style="color: red;">beotherloc_I__4</span>
Severity: <span style="color: red;">beothersev_I</span>	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4

**BASELINE EYE EXAMINATION FORM**

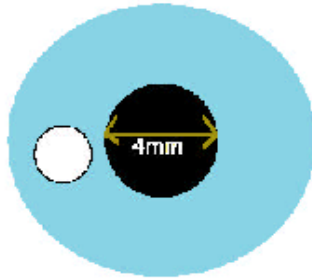
ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

9. Corneal Opacity/Scar Grading (if more than one corneal scar, grade for worst /most central scar based on diagram below):	<b>becornealscar_r</b> Right Eye	Left Eye <b>becornealscar_l</b>
C0: No Opacity	<input type="checkbox"/> 0	<input type="checkbox"/> 0
C1: Opacity not entering central 4mm	<input type="checkbox"/> 1	<input type="checkbox"/> 1
C2a: Opacity within central 4mm but not entering within the central 1mm of the cornea. The pupil margin is visible through the opacity.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
C2b: Opacity within central 4mm but not entering within the central 1mm of the cornea. The pupil margin is not visible through the opacity.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
C2c: Opacity within central 4mm and entering the central 1mm of the cornea. The pupil margin is visible through the opacity.	<input type="checkbox"/> 4	<input type="checkbox"/> 4
C2d: Opacity within central 4mm and entering within the central 1mm of the cornea. The pupil margin is not visible through the opacity.	<input type="checkbox"/> 5	<input type="checkbox"/> 5
C3: Opacity large enough and dense enough to make whole pupil margin invisible.	<input type="checkbox"/> 6	<input type="checkbox"/> 6
C4: Phthisis bulbi (eye is ineligible if present)	<input type="checkbox"/> 7	<input type="checkbox"/> 7
9a. If Corneal Opacity is present, does it interfere with vision? <b>Right Eye:</b> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 N/A <input type="checkbox"/> 2 <b>becornealopa_r</b>		
<b>Left Eye:</b> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 N/A <input type="checkbox"/> 2 <b>becornealopa_l</b>		

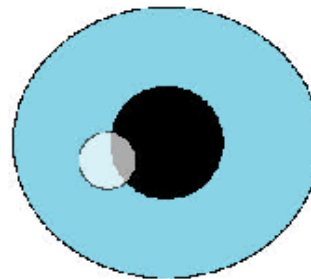
**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

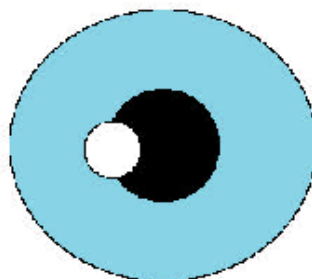
**Corneal Scar Grading**



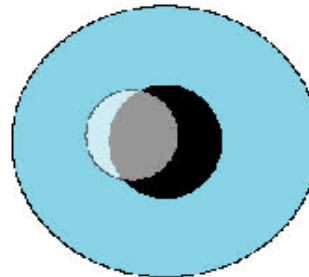
C1



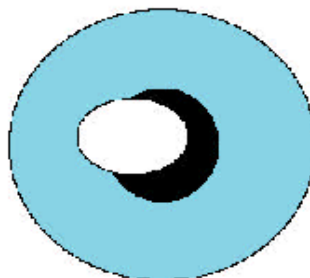
C2a



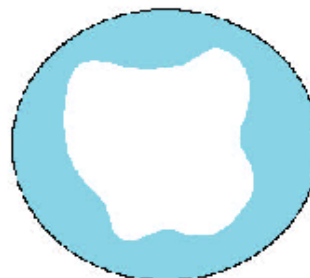
C2b



C2c



C2d



C3

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

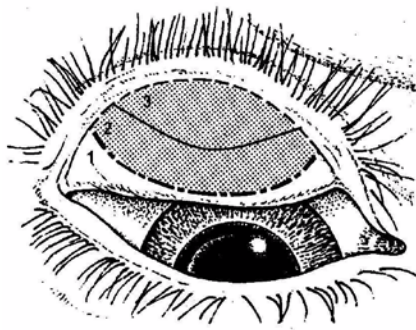
10. Conjunctivalization of the Lid Margin Grade: <b>Right Eye</b>		
	<b>beconjunct_rul</b>	<b>Upper Lid</b>
		<b>Lower Lid</b>
	<b>beconjunct_rll</b>	
CM0: None	<input type="checkbox"/> _0	<input type="checkbox"/> _0
CM1: Muco-cutaneous junction is located anterior to its normal position, but the whole line is still posterior to the line of the Meibomian gland orifices.	<input type="checkbox"/> _1	<input type="checkbox"/> _1
CM2: Muco-cutaneous junction is located anterior to the line of the Meibomian gland orifices for less than 50% of the lid.	<input type="checkbox"/> _2	<input type="checkbox"/> _2
CM3: Muco-cutaneous junction is located anterior to the line of the Meibomian gland orifices for greater than 50% of the lid.	<input type="checkbox"/> _3	<input type="checkbox"/> _3

11. Trachoma Grading <b>Right Eye</b> (check all that apply):		
	<b>Yes</b>	<b>No</b>
TF: Trachomatous inflammation, follicular <b>betrachfoll_r</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TI: Trachomatous inflammation, intense <b>betrachint_r</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TS: Trachomatous scarring <b>betrachscar_r</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TT: Trachomatous trichiasis <b>betrachtri_r</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
CO: Corneal Opacity <b>becorneal_r</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

12. <b>Upper Eyelid</b> Follicles: (Refer to diagram below)	<b>Right Eye</b>	<b>befoll_rul</b>
F0: Absent	<input type="checkbox"/> 0	
F1: Follicles present, but no more than 5 in zones 2 and 3 together.	<input type="checkbox"/> 1	
F2: More than 5 follicles in zones 2 and 3 together, but less than 5 in zone 3.	<input type="checkbox"/> 2	
F3: Five or more follicles in each of the three zones.	<input type="checkbox"/> 3	



13. <b>Upper Eyelid</b> Papillary Hypertrophy:	<b>Right Eye</b>	<b>bepapilla_rul</b>
P0: Absent, normal appearance.	<input type="checkbox"/> 0	
P1: Minimal: individual vascular tufts (papillae) prominent, but deep subconjunctival vessels on the tarsus are not obscured.	<input type="checkbox"/> 1	
P2: Moderate: more prominent papillae and normal vessels appear hazy, even as seen by the naked eye.	<input type="checkbox"/> 2	
P3: Pronounced: conjunctiva thickened and opaque, normal vessels on the tarsus are hidden over more than half the surface.	<input type="checkbox"/> 3	

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

<b>14a. Upper eyelid Conjunctival Scarring if NO prior lid surgery in an eye at time of grading:</b>	
	<b>Right Eye</b> <b>beconj_no_surg_rul</b>
S0: No scarring on the conjunctiva.	<input type="checkbox"/> 0
S1: Mild: fine scattered scars on the upper tarsal conjunctiva, or scars on the other parts of the conjunctiva.	<input type="checkbox"/> 1
S2: Moderate: more severe scarring but without shortening or distortion of the upper tarsus.	<input type="checkbox"/> 2
S3: Severe: scarring with distortion of the upper tarsus.	<input type="checkbox"/> 3
S6: Not applicable (prior lid surgery)	<input type="checkbox"/> 6

<b>14b. Upper eyelid Conjunctival Scarring if prior lid surgery in eye at time of grading:</b> <b>beconj_surg_rul</b>	
	<b>Right Eye</b>
SC0: No scarring on the conjunctiva.	<input type="checkbox"/> 0
SC1: Surgical line only	<input type="checkbox"/> 1
SC2: Surgical line and occasional scattered scars	<input type="checkbox"/> 2
SC3: Surgical scar with widespread trachomatous Scarring but no distortion	<input type="checkbox"/> 3
SC4: Surgical scar with distortion immediately around the Incision line	<input type="checkbox"/> 4
SC5: Surgical scar with additional distortion secondary to widespread trachomatous scarring	<input type="checkbox"/> 5
SC6: Not applicable (no prior lid surgery)	<input type="checkbox"/> 6

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

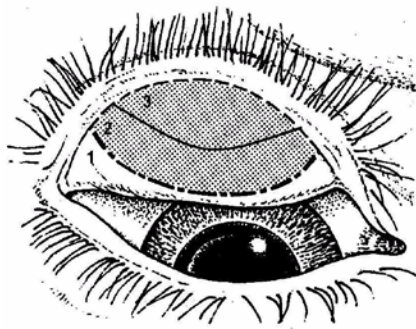
15. Conjunctivalization of the Lid Margin Grade: <b>Left Eye</b>		
	<b>beconjunct_lul</b> Upper Lid	Lower Lid <b>beconjunct_lll</b>
CM0: None	<input type="checkbox"/> _0	<input type="checkbox"/> _0
CM1: Muco-cutaneous junction is located anterior to its normal position, but the whole line is still posterior to the line of the Meibomian gland orifices.	<input type="checkbox"/> _1	<input type="checkbox"/> _1
CM2: Muco-cutaneous junction is located anterior to the line of the Meibomian gland orifices for less than 50% of the lid.	<input type="checkbox"/> _2	<input type="checkbox"/> _2
CM3: Muco-cutaneous junction is located anterior to the line of the Meibomian gland orifices for greater than 50% of the lid.	<input type="checkbox"/> _3	<input type="checkbox"/> _3

16. Trachoma Grading <b>Left Eye</b> (check all that apply):		
	<b>Yes</b>	<b>No</b>
TF: Trachomatous inflammation, follicular <b>betrachfoll_l</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TI: Trachomatous inflammation, intense <b>betrachint_l</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TS: Trachomatous scarring <b>betrachscar_l</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
TT: Trachomatous trichiasis <b>betrachtri_l</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0
CO: Corneal Opacity <b>becorneal_l</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _0

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

<b>17. Upper Eyelid Follicles:</b> (Refer to diagram below)	<b>Left Eye</b> <span style="color: red;">befoll_lul</span>
F0: Absent	<input type="checkbox"/> 0
F1: Follicles present, but no more than 5 in zones 2 and 3 together.	<input type="checkbox"/> 1
F2: More than 5 follicles in zones 2 and 3 together, but less than 5 in zone 3.	<input type="checkbox"/> 2
F3: Five or more follicles in each of the three zones.	<input type="checkbox"/> 3



<b>18. Upper Eyelid Papillary Hypertrophy:</b>	<b>Left Eye</b> <span style="color: red;">bepapilla_lul</span>
P0: Absent, normal appearance.	<input type="checkbox"/> 0
P1: Minimal: individual vascular tufts (papillae) prominent, but deep subconjunctival vessels on the tarsus are not obscured.	<input type="checkbox"/> 1
P2: Moderate: more prominent papillae and normal vessels appear hazy, even as seen by the naked eye.	<input type="checkbox"/> 2
P3: Pronounced: conjunctiva thickened and opaque, normal vessels on the tarsus are hidden over more than half the surface.	<input type="checkbox"/> 3

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

**19a. Upper eyelid Conjunctival Scarring if NO prior lid surgery in an eye at time of grading:**

beconj\_no\_surg\_lul

**Left Eye**

S0: No scarring on the conjunctiva. ☐ 0

S1: Mild: fine scattered scars on the upper tarsal conjunctiva, or scars on the other parts of the conjunctiva. ☐ 1

S2: Moderate: more severe scarring but without shortening or distortion of the upper tarsus. ☐ 2

S3: Severe: scarring with distortion of the upper tarsus. ☐ 3

S6: Not applicable (prior lid surgery) ☐ 6

**19b. Upper eyelid Conjunctival Scarring if prior lid surgery in eye at time of grading:**

beconj\_surg\_lul

**Left Eye**

SC0: No scarring on the conjunctiva. ☐ 0

SC1: Surgical line only ☐ 1

SC2: Surgical line and occasional scattered scars ☐ 2

SC3: Surgical scar with widespread trachomatous Scarring but no distortion ☐ 3

SC4: Surgical scar with distortion immediately around the Incision line ☐ 4

SC5: Surgical scar with additional distortion secondary to widespread trachomatous scarring ☐ 5

SC6: Not applicable (no prior lid surgery) ☐ 6

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

20A. Are any of the following present in the **Right Eye**? (Check all that apply)

	Yes	No
a. Cataract <span style="color: red;">becataract_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Aphakia <span style="color: red;">beaphakia_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Pseudophakia <span style="color: red;">bepseudophakia_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Symblepharon <span style="color: red;">besymble_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Blepharitis <span style="color: red;">bebleph_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Lid Closure Defect <span style="color: red;">belidclos_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Corneal Infection <span style="color: red;">becornealinf_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Conjunctival Infection <span style="color: red;">beconjinf_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Other Infection <span style="color: red;">beotherinf_r</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Specify other infection: _____ <span style="color: red;">beotherinfsp_r</span> <span style="color: blue;">Show the field ONLY if: [beotherinf_r] = '1'</span>		

20B. Are any of the following present in the **Left Eye**? (Check all that apply)

	Yes	No
a. Cataract <span style="color: red;">becataract_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Aphakia <span style="color: red;">beaphakia_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Pseudophakia <span style="color: red;">bepseudophakia_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Symblepharon <span style="color: red;">besymble_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Blepharitis <span style="color: red;">bebleph_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Lid Closure Defect <span style="color: red;">belidclos_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Corneal Infection <span style="color: red;">becornealinf_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Conjunctival Infection <span style="color: red;">beconjinf_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Other Infection <span style="color: red;">beotherinf_l</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Specify other infection: _____ <span style="color: red;">beotherinfsp_l</span> <span style="color: blue;">Show the field ONLY if: [beotherinf_l] = '1'</span>		

**BASELINE EYE EXAMINATION FORM**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit # 1

**21. If vision in either eye is worse than logMAR 0.48, please indicate the most likely cause:**

Right Eye <span style="color: red;">bevision_r</span>	Left Eye <span style="color: red;">bevision_l</span>
Not applicable <input type="checkbox"/> _1	Not applicable <input type="checkbox"/> _1
Refractive error <input type="checkbox"/> _2	Refractive error <input type="checkbox"/> _2
Cataract, untreated <input type="checkbox"/> _3	Cataract, untreated <input type="checkbox"/> _3
Aphakia, uncorrected <input type="checkbox"/> _4	Aphakia, uncorrected <input type="checkbox"/> _4
Pseudophakic, with uncorrected refractive error <input type="checkbox"/> _5	Pseudophakic, with uncorrected refractive error <input type="checkbox"/> _5
Surgical complications <input type="checkbox"/> _6	Surgical complications <input type="checkbox"/> _6
Trachoma <input type="checkbox"/> _7	Trachoma <input type="checkbox"/> _7
Phthisis <input type="checkbox"/> _8	Phthisis <input type="checkbox"/> _8
Other Corneal scar <input type="checkbox"/> _9	Other Corneal scar <input type="checkbox"/> _9
Other not listed: <input type="checkbox"/> _77 Specify other: <span style="color: red;">bevisionsp_r</span> <small>Show the field ONLY if: [bevision_r] = '77'</small>	Other not listed: <input type="checkbox"/> _77 Specify other: <span style="color: red;">bevisionsp_l</span> <small>Show the field ONLY if: [bevision_l] = '77'</small>
Unknown <input type="checkbox"/> _99	Unknown <input type="checkbox"/> _99

beexams  
22. Were all exams/questions completed for both eyes? ☐\_1 Yes ☐\_0 No  
(If No, Explain Reason) beexamsother \_\_\_\_\_

23. Were ocular photographs taken? ☐\_1 Yes ☐\_0 No

bephtotos

24. Name & certification number of  
person performing examination:

a. Print Name: \_\_\_\_\_

b. Certification #: \_\_\_\_\_

Data entry complete date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Data entry by initials: \_\_\_\_