

BASELINE INFORMATION FORM

ID. No.: subjid Alpha Code: alpha_code Visit #: 1

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

1. Did the patient sign the consent form?

dsconsentbase

☐₁ Yes →

1a. Date consent form signed:

___ / ___ / ___
Day Month Year

☐₀ No →

**STOP! THE CONSENT FORM MUST BE
SIGNED BEFORE CONTINUING!**

2. Enrollment location (enter codes):

a) Zone: dszone

b) Woreda: dsworeda

c) Kebele: dskebele

Location Codes:

Zone:

Woreda:

Kebele:

3. What is your age? _____ Years age

4. Patient's height: _____ cm baseline_height

5. Patient's weight: _____ kilograms baseline_weight

6. Is the patient male or female? sex

☐_m

Male

☐_f

Female

7. Race: Is the patient African? race

☐₁ Yes

☐₂ No →

6a. If **Not** African, please specify Race:

raceothsp

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8. "What is your marital status?" **scmarital**

- a) Single ☐_0
- b) Married ☐_1
- c) Divorced ☐_2
- d) Widowed ☐_3

9. "Which language do you speak best?" (Check one) **sclang**

- a) Oromeefa ☐_0
- b) Amharic ☐_1
- c) Other ☐_2

Specify Other: **sclangsp**

10. "Are you able to read?" (Check one) **scread**

- a) Unable to read ☐_0
- b) Read some ☐_1
- c) Read fluently ☐_2

11. "What is your highest level of education?" **scedu**

- a) No formal education ☐_0
- b) Primary school: Grade 1-6 ☐_1
- c) Junior secondary school: grade 7-8 ☐_2
- d) High school: grade 9-10 ☐_3
- e) Preparatory: grade 11-12 ☐_4
- f) Certificate ☐_5
- g) 10+3 Diploma ☐_6
- h) Degree and above

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12. "What is your occupation?" **scoccu**

- a) No job ☐₀
- b) Homemaker ☐₁
- c) Mainly farmer ☐₂
- d) Mainly employed (manual) ☐₃
- e) Mainly employed (non-manual) ☐₄
- f) Mainly self-employed (own business, merchant) ☐₅
- g) Mainly daily labourer ☐₆
- h) Retired ☐₇
- i) Student ☐₈
- j) Other ☐₇₇

Specify Other: **scoccusp**

13. "Are you taking any medications for
treating systemic or ocular (eye)
diseases?" **cmyn**

☐₀ No

☐₁ Yes

Enter medication on the Concomitant
Medication log

14. "Do you use health care for something
other than trichiasis?" **hoyn**

☐₀ No

☐₁ Yes

12a. Specify other health care use:

hoynsp

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OCULAR conditions:

15. "Have you ever been diagnosed
with cataracts?" **mhcata**

☐₀ No

☐₁ Yes →

☐₂ Not sure/don't know

13a. ☐ Right Eye

☐ Left Eye

mhcataeye_r

mhcataeye_l

16. "Have you ever been diagnosed
with glaucoma?" **mhglauc**

☐₀ No

☐₁ Yes →

☐₂ Not sure/don't know

14a. ☐ Right Eye

☐ Left Eye

mhglauceye_r

mhglauceye_l

17. "Have you ever had eye surgery?" **hoeyesurg**

☐₀ No

☐₁ Yes →

☐₂ Not sure/don't know

15a. ☐ Right Eye

☐ Left Eye

mhsurgeye_r

mhsurgeye_l

18. "Have you ever had an eye injury?" **mheyeinj**

☐₀ No

☐₁ Yes →

☐₂ Not sure/don't know

16a. ☐ Right Eye

☐ Left Eye

mhinjeeye_r

mhinjeeye_l

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19. Is the patient currently
breastfeeding? **baseline_breastfeeding**

☐₀ No

☐₁ Yes

☐₂ N/A (patient male)

20. Name & certification number of
person completing form

a. Print Name: _____

b. Certification #: ____

21. Date form completed:

____ / ____ / ____
Day Month Year

Data entry complete date: ____ / ____ / ____

Data entered by initials: ____