

WEEK 4 EYE EXAMINATION FORM

ID. No.: subjid- _____ Alpha Code: alpha_code Visit # 3

*NOTE: To be completed by the study team by direct examination of the subject at
the Week 4 Follow-up Visit*

1. Date of examination: wedtc

____ / ____ / ____
Day Month Year

2. Visual Acuity: (check one box for each eye)

wevisual_r **Right Eye**

Left Eye wevisual_l

Measurable on Chart	<input type="checkbox"/> ₁ logMAR = <u>weva_r</u>	<input type="checkbox"/> ₁ logMAR = <u>weva_l</u>
Count Fingers	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Hand Motions	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Light Perception Only	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
No Light Perception	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

3. Intraocular Pressure (IOP) Measurements:

- Measure IOP 3 times in each eye.

Right Eye (OD)

Left Eye (OS)

<p>a) <input type="checkbox"/> Not measurable (skip to question #4A) <u>weiopscnm_r</u></p> <p>b) ____ mmHg <u>weiopsc1_r</u></p> <p>c) ____ mm Hg <u>weiopsc2_r</u></p> <p>d) ____ mmHg <u>weiopsc3_r</u></p>		
	a) <input type="checkbox"/> Not measurable (skip to question #4A) <u>weiopscnm_l</u>	
	b) ____ mmHg <u>weiopsc1_l</u>	
	c) ____ mm Hg <u>weiopsc2_l</u>	
	d) ____ mmHg <u>weiopsc3_l</u>	

4A. Ocular Surface Discharge **Right Eye:** (Check all that apply)

	Yes	No
Serous (watery) <u>weserous_r</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Purulent (yellowish, thick) <u>wepurulent_r</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Foamy (foam-like) <u>wefoamy_r</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

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4B. Ocular Surface Discharge Left Eye: (Check all that apply)

		Yes	No
Serous (watery)	weserous_I	<input type="checkbox"/> _1	<input type="checkbox"/> _0
Purulent (yellowish, thick)	wepurulent_I	<input type="checkbox"/> _1	<input type="checkbox"/> _0
Foamy (foam-like)	wefoamy_I	<input type="checkbox"/> _1	<input type="checkbox"/> _0

5A. Assessment of Trichiasis Right Eye:

		# Upper Lid	# Lower Lid
a.	Number of lashes whose point touches the cornea	wecornea_rul	wecornea_rll
b.	Number of lashes whose point touches the globe medial to the cornea	wemedial_rul	wemedial_rll
c.	Number of lashes whose point touches the globe lateral to the cornea	welateral_rul	welateral_rll

5B. Assessment of Trichiasis Left Eye:

		# Upper Lid	# Lower Lid
a.	Number of lashes whose point touches the cornea	wecornea_lul	wecornea_lll
b.	Number of lashes whose point touches the globe medial to the cornea	wemedial_lul	wemedial_lll
c.	Number of lashes whose point touches the globe lateral to the cornea	welateral_lul	welateral_lll

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6. Trichiasis Grading:	Right Eye		Left Eye	
	Upper Lid	Lower Lid	Upper Lid	Lower Lid
T0: No Trichiasis	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀
T1: Lashes deviated toward the eye, but not touching the globe	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
T2: Lashes touching the globe but not rubbing the cornea	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
T3: Lashes constantly rubbing the cornea	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

7. Evidence/extent of epilation (Broken/regrowing lashes or sections of eyelid denuded of lashes):	Right Eye		Left Eye	
	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

8. Entropion:	Right Eye		Left Eye	
	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

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9A. Is there any Eyelid Contour Abnormality in the Right Eye ? wecontour_r	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
9Aa. Notch present in the Right Eye: wenotchpre_r	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 wenotchloc_r__1 Central <input type="checkbox"/> _1 wenotchloc_r__2 Medial <input type="checkbox"/> _1 wenotchloc_r__3 Not Applicable <input type="checkbox"/> _1 wenotchloc_r__4
Severity: wenotchsev_r	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4
9Ab. Other kind of contour abnormality in the Right Eye weotherpre_r	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 weotherloc_r__1 Central <input type="checkbox"/> _1 weotherloc_r__2 Medial <input type="checkbox"/> _1 weotherloc_r__3 Not Applicable <input type="checkbox"/> _1 weotherloc_r__4
Severity: weothersev_r	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4

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9B. Is there any Eyelid Contour Abnormality in the Left Eye ? wecontour_I	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
9Ba. Notch present in the Left Eye: wenotchpre_I	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 wenotchloc_I__1 Central <input type="checkbox"/> _1 wenotchloc_I__2 Medial <input type="checkbox"/> _1 wenotchloc_I__3 Not Applicable <input type="checkbox"/> _1 wenotchloc_I__4
Severity: wenotchsev_I	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4
9Bb. Other kind of contour abnormality in the Left Eye weotherpre_I	Yes <input type="checkbox"/> _1 No <input type="checkbox"/> _0
Location (check all that apply):	Lateral <input type="checkbox"/> _1 weotherloc_I__1 Central <input type="checkbox"/> _1 weotherloc_I__2 Medial <input type="checkbox"/> _1 weotherloc_I__3 Not Applicable <input type="checkbox"/> _1 weotherloc_I__4
Severity: weothersev_I	Mild <input type="checkbox"/> _1 Moderate <input type="checkbox"/> _2 Severe <input type="checkbox"/> _3 Not Applicable <input type="checkbox"/> _4

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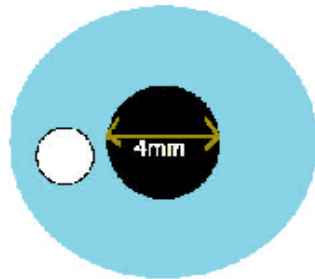
10. Corneal Opacity/Scar Grading (if more than one corneal scar, grade for worst /most central scar based on diagram below):	wecornealscar_r	Right Eye	Left Eye	wecornealscar_l
C0: No Opacity		<input type="checkbox"/> 0	<input type="checkbox"/> 0	
C1: Opacity not entering central 4mm		<input type="checkbox"/> 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		<input type="checkbox"/> 7	<input type="checkbox"/> 7	
10a. If Corneal Opacity is present, does it interfere with vision?				
Right Eye: Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 N/A <input type="checkbox"/> 2		Left Eye: Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 N/A <input type="checkbox"/> 2		
wecornealopa_r		wecornealopa_l		

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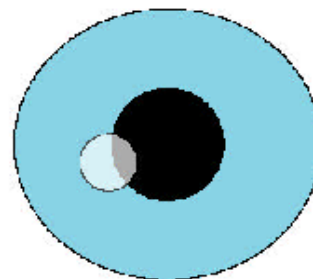
Corneal Scar

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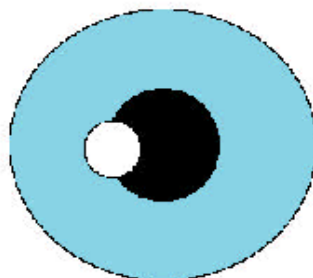
Grading



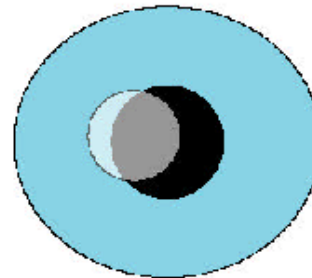
C1



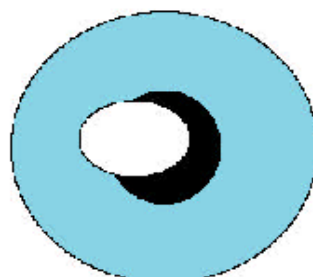
C2a



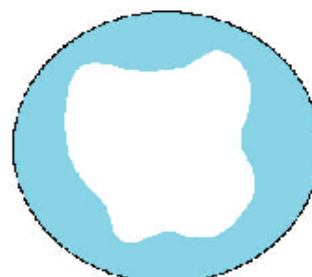
C2b



C2c



C2d



C3

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11. Conjunctivalization of the Lid Margin Grade:	Right Eye <i>weconjunct_rll</i>		Left Eye <i>weconjunct_lll</i>	
	<i>weconjunct_rul</i> Upper Lid	Lower Lid	Upper Lid	<i>weconjunct_lul</i> Lower Lid
CM0: None	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀	<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	<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	<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	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

12A. Are any of the following present in the Right Eye ? (Check all that apply) If any conditions are new since the last study visit, add to the Adverse Event Log.		
	Yes	No
a. Cataract <i>wecataract_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Aphakia <i>weaphakia_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Pseudophakia <i>wepseudophakia_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Symblepharon <i>wesymble_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Blepharitis <i>webleph_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Lid Closure Defect <i>welidclos_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Overcorrection <i>weovercorr_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Granuloma <i>wegran_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Corneal Infection <i>wecorninf_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Conjunctival Infection <i>weconjinf_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Other Infection <i>weotherinf_r</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Specify other infection: <i>weotherinfsp_r</i> _____		

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12B. Are any of the following present in the **Left Eye? (Check all that apply) **If any conditions are new since the last study visit, add to the Adverse Event Log.****

	Yes	No
a. Cataract wecataract_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Aphakia weaphakia_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Pseudophakia wepseudophakia_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Symblepharon wesymble_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Blepharitis webleph_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Lid Closure Defect welidclos_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Overcorrection weovercorr_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Granuloma wegran_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Corneal Infection wecorninf_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Conjunctival Infection weconjinf_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
k. Other Infection weotherinf_I	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Specify other infection: weotherinfsp_I		

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

Right Eye wevision_r	Left Eye wevision_l
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	Other not listed: <input type="checkbox"/> _77
Specify other: wevisionsp_r _____	Specify other: wevisionsp_l _____
Unknown <input type="checkbox"/> _99	Unknown <input type="checkbox"/> _99

14. Were all exams/questions completed for both eyes? ☐_1 Yes ☐_0 No weexams
(If No, Explain Reason) weexamsother _____

15. Were ocular photographs taken? ☐_1 Yes ☐_0 No wepotos

16. Name & certification number of
person performing examination:

a. Print Name: _____

b. Certification #: _____

Data entry complete date: ____/____/____

Data entered by initials: ____