

The Raine Study Parent Assessment EYE EXAMINATION

Date

ID Number:

Name:

DoB:

To be completed by person administering the test
Please write clearly and neatly
Please tape printed auto refraction results to the form
Please print the operator's name box.

G126_VISGLASS	Do you normally wear glasses for distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G126_GLASSES	Did you bring your glasses with you today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G126_VISCONT	Do you normally wear contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G126_CONTACTS	Contact lenses with you today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STATION 1

Operator	G126_EYE_OPERAT
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IPD **G126_IPD_PRE**.....

Auto refraction

	Right eye	Left eye
Spherical power	G126_RSPHPRE	G126_LSPHPRE
Cylindrical power	G126_RCYLPRE	G126_LCYLPRE
Angle in degrees	G126_RAXISPRE	G126_LAXISPRE

K values

	Right eye	Left eye
h value	G126_RKVALUEH	G126_LKVALUEH
h axis	G126_RKHAXIS	G126_LKHAXIS
v value	G126_RKVALUEV	G126_LKVALUEV
v axis	G126_RKVAXIS	G126_LKVAXIS

STATION 2

Visual acuity testing performed with or without glasses Yes / No

G126_VAGLASSES

Visual Acuity

		Right eye	Left eye
Pinhole	Snellen line	G126_RVA	G126_LVA
	Number of Snellen letters read correctly or incorrectly	G126_RVA_LM	G126_LVA_LM
	Snellen line	G126_RVAPH	G126_LVAPH
	Number of Snellen letters read correctly or incorrectly	G126_RVAPH_LM	G126_LVAPH_LM

STATION 3

		Right eye	Left eye
K Values	Ocular dominance OR Ocular biometry	G126_OCULARBIOMETRYR	G126_OCULARBIOMETRYL
	Axial length	G126_RIOL_AXL	G126_LIOL_AXL
	Anterior Chamber Depth	G126_RAC_DEP	G126_LAC_DEP
	K1	G126_IOL_RK1	G126_IOL_LK1
	K2	G126_IOL_RK2	G126_IOL_LK2
	White on White	G126_IOL_WOWR	G126_IOL_WOWL

STATION 4

Conjunctiva Auto fluorescence Photography

Right eye	Left eye
G126_CONJUNCT_PHOTOR	G126_CONJUNCT_PHOTOL

Eye colour Photography Yes / No

G126_EYECOLOUR

Nasal conjunctival UV Auto fluorescence

Right eye	Left eye
G126_RE_NASAL	G126_LE_NASAL
G126_RE_TEMP	G126_LE_TEMP
G126_CUVAF_TOT	

Temporal conjunctival UV Auto fluorescence

Total conjunctival UV Auto fluorescence

Pterygium

Pterygium present on nasal side
 Pterygium present on temporal side
 Grade of pterygium on nasal side
 Grade of pterygium on temporal side

Right eye	Left eye
G126_OD_N_PTERYGIUM	G126_OS_N_PTERYGIUM
G126_OD_T_PTERYGIUM	G126_OS_T_PTERYGIUM
G126_OD_N_GRADE	G126_OS_N_GRADE
G126_OD_T_GRADE	G126_OS_T_GRADE

Location of pterygium

<input type="checkbox"/> Right eye	1	G126_PTERYGIUM_LOCATION
<input type="checkbox"/> Left eye	2	
<input type="checkbox"/> Both eyes	3	

Station 4 Comments G126_ST4_COM.....

Please attach AR printout here:

EYE HEALTH QUESTIONS

1. Do you normally wear glasses or contact lenses for seeing in the distance (i.e. when watching TV or driving)?	G126_PA_EYE_GLD
2. Has a doctor ever told you that you have any of the following problems with your eyes? (Select all that apply)	
<input type="checkbox"/> Diabetes related eye disease	G126_PA_EYE_DIAB
<input type="checkbox"/> Injury or trauma resulting in loss of vision	G126_PA_EYE_LOV
<input type="checkbox"/> Macular degeneration	G126_PA_EYE_MD
<input type="checkbox"/> Glaucoma	G126_PA_EYE_GLC
<input type="checkbox"/> Cataract	G126_PA_EYE_CAT
<input type="checkbox"/> Dry eye syndrome	G126_PA_EYE_DES
<input type="checkbox"/> Other serious eye condition. Please specify:	G126_PA_EYE_OTH
3. Do you currently use artificial tear eye drops or gel?	G126_PA_EYE_ArtD
4. For the past three months or longer, have you had dry eyes? (This is described as a foreign body sensation with itching and burning, sandy feeling, not related to allergy)	G126_PA_EYE_DES_3M
5. Have you had any eye surgeries?	G126_PA_EYE_SURG
Please specify.....	G126_PA_EYE_SURG_NOTE
6. In the summer what part (proportion) of the day (daylight hours) do you spend outside? (Please mark only one response)	G126_PA_EYE_DL_PROP
0 <input type="checkbox"/> None	
1 <input type="checkbox"/> Less than 1/4 of the day	
2 <input type="checkbox"/> 1/2 of the day	
3 <input type="checkbox"/> than 3/4 of the day	

		Hours	Minutes
7. On an average week day, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done outside)?	G126_PA_EYE_OUTWD_HRS G126_PA_EYE_OUTWD_MINS		
8. On an average weekend day, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done outside)?	G126_PA_EYE_OUTWED_HRS G126_PA_EYE_OUTWED_MINS		
9. On an average week day, how many hours do you spend doing near (close-up) work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?	G126_PA_EYE_NWD_HRS G126_PA_EYE_NWD_MINS		
10. On an average weekend day, how many hours do you spend doing near work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?	G126_PA_EYE_NWED_HRS G126_PA_EYE_NWED_MINS		