

BLSAID

BLSA ID

Visit No.

VISIT

VISSCID

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Date Completed

VISSCDT

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VISION DATA COLLECTION FORM

VISION SCREEN FLOWCHART

Name :

1) "Do you wear glasses or contact lenses?"

Birthdate: . / . / Age :

VISSC1

0 Never

VF: Enter distance Rx as plano (0.00); use trial lenses calculated by HFA II for central VF testing. Perform over refraction.

Visual Acuity/DVA: No eyeglasses for testing

Stereopsis: Use reading glasses for subjects aged ≥ 40 years or if circles appear blurry.*

1 Near only (eg. reading)

2 Distance only (eg. driving, watching TV)

3 For both distance and near

VF: No eyeglasses for testing. Enter distance Rx as plano; use trial lenses calculated by the HFA II for central VF testing. Perform over refraction.

Visual Acuity/DVA: No eyeglasses for testing

Stereopsis: Wear Rx that is normally worn for near activities.

2) "Did you bring your glasses (or are you wearing your contacts) today?"

VISSC2

0 No

VF (first part, central): Enter distance Rx as plano (0.00) and use trial lenses calculated by HFA II for central VF testing. Perform over refraction.

VF(2nd part, peripheral) & Visual Acuity/DVA: Test WITHOUT any RX or eyeglasses

Stereopsis: Use reading glasses for subjects aged ≥ 40 years or if circles appear blurry.*

1 Yes

2.A) Determine type of glasses or contact lenses (CL): **VISSC2A**

1 Glasses

VISSC2A1

1 Single vision

2 Bifocal

3 Trifocals

4 Progressives

VF: Remove eyeglasses. Enter distance Rx from lensometer in HFA; use trial lenses calculated by the HFA II for central VF testing. Perform over refraction.

Visual Acuity/DVA: Use Rx that is normally worn for distance vision.

Stereopsis: Use Rx that is normally worn for near activities. If Rx is for distance only, use reading glasses for subjects aged ≥ 40 years or if circles appear blurry.*

2 Contact Lenses

2.B) What type are the Contact Lenses? **VISSC2B**

1 Soft

2 RGP (hard) 8 Unknown

CL are:

1 Distance **VISSC2B1**

2 Bifocal

3 Monovision

VISSC2B2

Which eye is for distance?

1 Right 2 Left 8 Unknown

If CLs are for DISTANCE only:

VF: Test while wearing the CLs. Enter distance Rx as plano (0.00); use trial lenses calculated by the HFA II for central VF testing. Perform over refraction.

Visual Acuity/DVA: Test while wearing the CLs.

Stereopsis: Test while wearing the CLs. Also use reading glasses for subjects aged ≥ 40 years or if circles appear blurry.*

If CLs are BIFOCAL OR MONOVISION:

VF: REMOVE CLs. Enter distance Rx as plano (unless known); use trial lenses calculated by the HFA II for central VF testing. Perform over refraction.

Visual Acuity/DVA: Use Rx that is worn for distance vision (i.e. bifocal or monovision CLs).

Stereopsis: Use Rx that is worn for near vision (i.e. bifocal or monovision CLs).

Draft



BLSA ID

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St., VA & CS Tester ID

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Date Completed **VISDATE**

Boxes for date: / 2 0 /

VISION DATA COLLECTION FORM

STEREOPSIS:

"Now I will test your depth perception. You will wear these 3D glasses to pick out circles that appear closer to you. Put these glasses on" and WHEN APPROPRIATE: "over the top of your reading glasses. Be careful with them - they break easily."

"Please hold this book for me. I'm going to establish the distance from your eyes to the book. Keep the book at this distance from your eyes." Use the 16-inch string attached to the book to establish a distance of 16 inches from the participant's forehead.

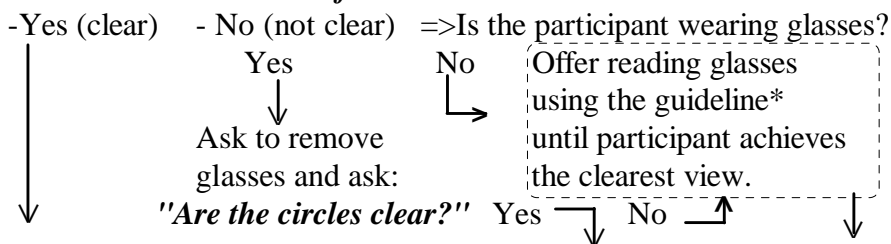
STEREOPSIS HOUSEFLY PRE-TEST:

"Please look at the right side of this booklet. What do you see?" (A housefly)

"What part of the fly seems to come out at you or be closer to you?" (The wings)

STEREOPSIS FLOWCHART: (show the participant the testing circles)

"Now look at these sets of 4 circles. Are the circles clear?"



*Reading glasses guideline:

Age	Power (DS)
40 - 44	+1.00 or +1.50
45 - 49	+1.50, +2.00, or +2.50
50 - 54	+2.00 or +2.50
55+	+2.50

"Now look again at the circles. One circle in each set will be like the fly and appear closer to you than the others. Please tell me which circle in each set appears closer to you - left, right, top, or bottom. If you are not sure, please guess. I must record a response."

- Line 1: 0 Left, 00 Right, 000 Top, 1 Bottom, **VISST1**
- Line 2: 1 Left, 0 Right, 00 Top, 000 Bottom, **VISST2**
- Line 3: 0 Left, 00 Right, 000 Top, 1 Bottom, **VISST3**
- Line 4: 0 Left, 00 Right, 1 Top, 000 Bottom, **VISST4**
- Line 5: 0 Left, 00 Right, 1 Top, 000 Bottom, **VISST5**
- Line 6: 1 Left, 0 Right, 00 Top, 000 Bottom, **VISST6**
- Line 7: 0 Left, 1 Right, 00 Top, 000 Bottom, **VISST7**
- Line 8: 1 Left, 0 Right, 00 Top, 000 Bottom, **VISST8**
- Line 9: 0 Left, 1 Right, 00 Top, 000 Bottom, **VISST9**

VISSTDON

Was stereopsis test completed?

1 0 Yes No Reason

555 physical problems 666 cognitive problems VISSTRND
777 physical and cognitive 888 refused* 999 technical problems

VISSTGLS

Did the participant wear glasses?

1 0 Yes No

Comments

* If participant refuses because cannot see correctly please mark "physical problems" instead.

Large empty box for comments



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VISION DATA COLLECTION FORM

STATIC VISUAL ACUITY (VA)

"We're going to do three vision tests: distance acuity, which you're probably familiar with, contrast sensitivity which tests your ability to distinguish between an object and its background, and stereopsis, or depth perception. On all of these tests, if you reach the point where you think you can't give the correct answer, I want you to guess."

"Please look at this chart. There are three columns of letters: dark, medium and light. Beginning with the darkest column of letters on the left, I want you to read the letters in that column only, from left to right, beginning with the first line at the top. Don't lean forward in the chair or squint."

All tests are conducted with participant wearing usual distance eyewear.

Glare lights off (test only at 8 feet*)

Record the number of letters read correctly from each row in the blanks.

Mark the circle corresponding to the LAST line in which the participant correctly identified 2 or 3 letters.

*If falls in this circle—
test at 4 feet

Column 1 (high contrast): VISVA11 >100 100 80 63 50 40 32 25 20 16

Column 2 (medium contrast): VISVA12 >100 100 80 63 50 40 32 25 20 16

Column 3 (low contrast): VISVA13 >100 100 80 63 50 40 32 25 20 16

CONTRAST SENSITIVITY (CS)

If visual acuity is worse than 20/50, test the participant at 4 feet:

VISCSDIS

Test distance (feet) 4 8

Point to the first circle (test circle) in Row B, but do not touch the chart. "Do you see the bars in the first circle?" If the participant answers "Yes", respond by saying, "Begin with the left two circles. Tell me if you see bars in the top circle, bottom circle, or neither." If participant cannot see bars in the test circle, mark "Blank" for the remaining circles and skip to next test (Line C). Repeat for line C.

Glare lights off

"Do you see the bars in the 1st circles?"

VISCS1B0

See line B: Yes No

B1 B2 B3 B4 B5 B6 B7 B8

Line B 1 2 3 4 5 6 7 8

Top

Bottom

Blank

VISCS1C0

See line C: Yes No

C1 C2 C3 C4 C5 C6 C7 C8

Line C 1 2 3 4 5 6 7 8

Top

Bottom

Blank

"Next we will repeat these two tests with these bright lights that simulate the headlights of an oncoming car. We will turn the lights on gradually to let your eyes become accustomed to the light."



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Glare lights on (VA) (follow the same instructions as for glare lights off)

Column 1 (high contrast):	<input type="radio"/> >100	<input type="radio"/> 100	<input type="radio"/> 80	<input type="radio"/> 63	<input type="radio"/> 50	<input type="radio"/> 40	<input type="radio"/> 32	<input type="radio"/> 25	<input type="radio"/> 20	<input type="radio"/> 16
Column 2 (medium contrast):	<input type="radio"/> >100	<input type="radio"/> 100	<input type="radio"/> 80	<input type="radio"/> 63	<input type="radio"/> 50	<input type="radio"/> 40	<input type="radio"/> 32	<input type="radio"/> 25	<input type="radio"/> 20	<input type="radio"/> 16
Column 3 (low contrast):	<input type="radio"/> >100	<input type="radio"/> 100	<input type="radio"/> 80	<input type="radio"/> 63	<input type="radio"/> 50	<input type="radio"/> 40	<input type="radio"/> 32	<input type="radio"/> 25	<input type="radio"/> 20	<input type="radio"/> 16

Glare lights on (CS)

"Do you see the bars in the 1st circles?"

VISCS2B0
See line B: Yes No

Line B	B1	B2	B3	B4	B5	B6	B7	B8
Top	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bottom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VISCS2C0
See line C: Yes No

Line C	C1	C2	C3	C4	C5	C6	C7	C8
Top	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bottom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VISVADON

Was visual acuity test completed?

Yes No

Reason →

555 <input type="radio"/> physical problems	666 <input type="radio"/> cognitive problems	VISVARND
777 <input type="radio"/> physical and cognitive	888 <input type="radio"/> refused	999 <input type="radio"/> technical problems

VISVAGLS

Did the participant wear glasses?

Yes No

VISCSDON

Was contrast sensitivity test completed?

Yes No

Reason →

555 <input type="radio"/> physical problems	666 <input type="radio"/> cognitive problems	VISCSRND
777 <input type="radio"/> physical and cognitive	888 <input type="radio"/> refused	999 <input type="radio"/> technical problems

VISCSGLS

Did the participant wear glasses?

Yes No

Visual Acuity & Visual Field Alerts: (OPTIONAL)

A. If acuity worse than 20/50 or visual field relative defects > 7 and not previously evaluated by ophthalmologist: *"Have you noticed any recent changes in your vision such as pain around the eyes, blind spots, distortion, blurry vision, haloes around objects, new floaters or flashing lights?"*

VISVA LTA

Yes - Go to B. No - Go to **STANDARD ALERT**

LTB B. "When did you first notice these symptoms?" ↓

- 3** More than a few weeks ago → **STANDARD ALERT: "I would advise you to have your eyes checked by a qualified eye care professional in the near future."**
- 2** Within the past few weeks → **URGENT ALERT: "I would advise you to have your eyes checked by a qualified eye care professional within the next few days."**
- 1** Within the past few days → **EMERGENCY ALERT: "I would advise you to have your eyes checked by a qualified eye care professional today or tomorrow." AND NOTIFY THE PHYSICIAN OR NURSE**

Comments

Large empty box for comments



BLSA ID

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Visit No.

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VISVFID
 Visual Field tester ID

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VISVFDT
 Date Completed (don't leave blank)

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VISION DATA COLLECTION FORM

INTRODUCTION FOR VISUAL FIELD (VF) TESTING:

VISVFDIS

* If participant has marked discrepancy of vision between eyes, do not perform the test.

Does the participant have a marked discrepancy of vision between eyes, including an artificial eye, unilateral absence of eye (congenital or traumatic), unilateral blindness or severely impaired vision in one eye with normal or near-normal vision in other eye?

 Yes

 No

Do not perform the test and code the reason as Physical problem on the next page.

Continue with the test.

Wipe the headrest, chinrest, and button with an alcohol pad and allow it to dry.

"I am now going to measure your field of vision, or how well you can see out to the side while looking straight ahead. For this task, you must ALWAYS look straight ahead at the steady yellow light in the center of the bowl. While you are looking at the central light, other lights will flash, one at a time, anywhere inside the bowl. Some of the flashes of light will be bright, and others will be dim. Press the button whenever you see a light flash, but remember to only look at the central light; you should not move your eyes to look directly at the flashing lights. You are not expected to see all of the flashing lights. It's OK to blink during the test. The best time to blink is just as you press the button. Some people notice that the white bowl starts to look black after staring at the light for a while. This is normal, but you should blink more often if this happens so it will go away. Let me know if you need a break as I can easily pause the machine so that we can rest. I will let you know when you are about halfway through the test."

3. Lensometry and Over-refraction.

If participant has glasses, use the lensometer to determine the prescription and enter the Rx from lensometer. Enter patient data in the HFA II.

Use the automatic trial lens calculation from HFA II to choose initial lens used in performing over-refraction.

Perform the over-refraction: Add the +0.50 DS sphere lens and ask if the light is clearer with or without.

If clearer but still blurry, replace lens with equivalent of original and the +0.50 DS; repeat until clear.

(See manual if requires > +1.00 DS or < -1.00 DS.)

If worse with +0.50 DS, use -0.50 DS. If clearer (not smaller) with -0.50 DS, replace lens with equivalent of original and the - 0.50 DS and repeat until clear.

Make sure with negative spheres that the light is clearer and not just smaller.

Final Test Lenses:

3.a Right eye:	<input type="text" value="VISSC3A1"/>	<input type="text" value="-"/> <input type="text" value="VISSC3A2"/>	<input type="text" value="VISSC3A3"/>	<input type="text" value="±"/> <input type="text" value="VISSC3A4"/>
	Sphere (-30 - 30)	Cylinder	Axis (0-180)	Sphere (-30 - 30)
3.b Left eye:	<input type="text" value="VISSC3B1"/>	<input type="text" value="-"/> <input type="text" value="VISSC3B2"/>	<input type="text" value="VISSC3B3"/>	<input type="text" value="±"/> <input type="text" value="VISSC3B4"/>
	Sphere (-30 - 30)	Cylinder (-9 - 0)	Axis (0-180)	Sphere (-30 - 30)
3.c Near add:	<input type="text" value="+"/> <input type="text" value="VISSC3C"/>			
	(0 - 30)			

VISUAL FIELD (VF)

"We are now going to start. Remember to keep your eyes VERY STEADY or STILL while looking at the light in the center of the bowl. During the first minute of this test, there will be NO flashing lights. So do not become alarmed when you do not see any lights in your side vision- just keep looking straight ahead and eventually you should see lights flash in your side-vision."

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VISION DATA COLLECTION FORM

VISVFDON

Was visual field assessment completed?

Yes

No

Reason →

555

physical problems*

physical and cognitive

666

cognitive problems

refused

technical problems **VISVFRND**

999

* Includes if participant has marked discrepancy of vision between eyes.

Provide all participants copies of Visual Field printout results.

Comments

