



# EYEDOC VISION SCREENING FORM

ID NUMBER: FORM CODE: 

E	V	S
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DATE: 04/25/2017  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: 

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

0b. Staff ID: 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## A. Distance Presenting Vision (ETDRS Chart)

**Instructions for worksheet:** Circle each letter the participant identifies correctly, put an "x" or line through each letter incorrectly identified or omitted and write the total correct for that row in column at right. Enter 0 if no letters are read correctly. Each row total must be recorded. Only the **Total Correct** is recorded in CDART.

<u>Right Eye</u>	Number Correct	<u>Left Eye</u>	Number Correct
NCKZO	_____	DSRKN	_____
RHSDK	_____	CKZOH	_____
DOVHR	_____	ONRKD	_____
CZRHS	_____	KZVDC	_____
ONHRC	_____	VSHZO	_____
DKSNV	_____	HDKCR	_____
ZSOKN	_____	CSRHN	_____
CKDNR	_____	SVZDK	_____
SRZKD	_____	NCVOZ	_____
HZOVC	_____	RHSDV	_____
NVDOK	_____	SNROH	_____
VHCNO	_____	ODHKR	_____
SVHCZ	_____	ZKCSN	_____
OZDVK	_____	CRHDV	_____

Total Correct 1a. Right Eye 

<input type="text"/>	<input type="text"/>
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Range 0 to 701b. Left Eye 

<input type="text"/>	<input type="text"/>
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With correction (glasses / contact lenses) 2a. Right Eye 1 

<input type="text"/>
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 Yes  
0 

<input type="text"/>
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 No2b. Left Eye 1 

<input type="text"/>
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 Yes  
0 

<input type="text"/>
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 No3. Matching card used (for illiterate participants) 1 

<input type="text"/>
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 Yes0 

<input type="text"/>
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 No

**B. Near Vision (MN Read)**

**4. Test performed (mark one only):**

1  wearing participant's usual reading glasses/ contacts .....GO TO ITEM 5

2  with **NO** reading glasses or contacts.....GO TO ITEM 5

3  with center provided reading glasses

**4a. If marked as 3, check the strength of eyeglasses used:**

1  +1.00

2  +1.50

3  +2.00

4  +2.50

5  +3.00

**Instructions** Cover the chart with a piece of NON-transparent board. Measure the 40cm distance with the string at the center of the chart to the center of the participant's eyes and place the chart at the participant's comfortable level.

Have the participant start from the first sentence. Circle the words that are misidentified or skipped during the first attempts and put down the number in the **Error** field. Record the time as 60 (sec) if a sentence is started but not completed within 60 seconds, and record the number of words not read in **Error**.

Continue until participants are not able to read any words correctly for the given sentence. Leave entry blank if participant could not read any of the words.

**5. The sentence of LogMAR 1.0 can be read:** 1  Yes 0  No.....GO TO ITEM 22

Log	Sentence	Time (sec) Range 1.00 to 60.00	Error (words)
1.0	My father asked me to help the two men carry the box inside	6a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	6b. <input type="text"/> <input type="text"/>
0.9	Three of my friends had never been to the circus before today	7a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	7b. <input type="text"/> <input type="text"/>
0.8	My grandfather has a large garden with fruit and vegetables	8a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	8b. <input type="text"/> <input type="text"/>
0.7	He told a long story about ducks before his son went to bed	9a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	9b. <input type="text"/> <input type="text"/>
0.6	My mother loves to hear the young girls sing in the morning	10a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	10b. <input type="text"/> <input type="text"/>
0.5	The young boy held his hand high to ask questions in school	11a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	11b. <input type="text"/> <input type="text"/>
0.4	My brother wanted a glass of milk with his cake after lunch	12a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	12b. <input type="text"/> <input type="text"/>
0.3	I do not understand why we must leave so early for the play	13a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	13b. <input type="text"/> <input type="text"/>
0.2	It is more than four hundred miles from my home to the city	14a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	14b. <input type="text"/> <input type="text"/>
0.1	Our father wants us to wash the clothes before he gets back	15a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	15b. <input type="text"/> <input type="text"/>
0.0	They would love to see you during your visit here this week	16a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	16b. <input type="text"/> <input type="text"/>
-0.1	The teacher showed the children how to draw pretty pictures	17a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	17b. <input type="text"/> <input type="text"/>
-0.2	Nothing could ever be better than a hot fire to warm you up	18a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	18b. <input type="text"/> <input type="text"/>
-0.3	The old man caught a fish here when he went out in his boat	19a. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	19b. <input type="text"/> <input type="text"/>

-0.4	Our mother tells us that we should wear heavy coats outside	20a	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	20b	<input type="text"/> <input type="text"/>
-0.5	One of my brothers went with his friend to climb a mountain	21a	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	21b	<input type="text"/> <input type="text"/>

**C. MARS Letter Contrast Sensitivity**

**Instructions for worksheet:** Circle each letter the participant identifies correctly, put an “x” or line through each letter incorrectly identified or omitted and write the total correct for that row in column at right. Enter 0 if no letters are read correctly. Each row total must be entered. Only the **TOTAL** is recorded in CDART.

**Right Eye**                      22. Correction Used                      1  Yes                      0  No

		Number of letters correct
C H V	O S N	...../ 6
D S Z	N R K	...../ 6
N D R	H V Z	...../ 6
C S O	N K H	...../ 6
K N V	D S R	...../ 6
Z R D	K H O	...../ 6
H Z C	V R K	...../ 6
S C Z	D V O	...../ 6
	<b>23. TOTAL</b>	<input type="text"/> <input type="text"/>
	<b>Range 0 to 48</b>	

**Left Eye**                      24. Correction Used                      1  Yes                      0  No

		Number of letters correct
K S H	O N C	...../ 6
Z D C	R V O	...../ 6
C K O	N R S	...../ 6
N S Z	K H D	...../ 6
H N C	O R Z	...../ 6
V K S	N D R	...../ 6
K R V	Z O S	...../ 6
V Z C	D V H	...../ 6
	<b>25. TOTAL</b>	<input type="text"/> <input type="text"/>
	<b>Range 0 to 48</b>	

**D. Refractive Error (Autorefractor)**

**Instructions** Complete table below by either recording the appropriate number in each cell or checking the N/A box if data not available for that cell. Make sure to circle either “+” or “-“ for sphere.

Eye	Sphere Range -20.00 to +20.00	Cylinder Range 0.00 to 9.75	Axis Range 0 to 180	Visual Acuity Range 20 to 800
RIGHT	26a. + / - <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	27a. + <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	28a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	29a. 20/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A
LEFT	26b. + / - <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	27b. + <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	28b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A	29b. 20/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> N/A

**E. Intraocular pressure (Icare) Range 00 to 75**

**#1 Measurement**

Right Eye..... 30a.   mmHg  
 Left Eye..... 30b.   mmHg

**#2 Measurement**

Right Eye..... 31a.   mmHg  
 Left Eye..... 31b.   mmHg

**DO NOT DILATE IF  
 INTRAOCULAR  
 PRESSURE IS >30mmHG**

**#3 Measurement (optional – replace unreliable measurement for 30 or 31)**

Right Eye.....   mmHg  
 Left Eye.....   mmHg

*Icare Error Messages:*

If the P is blinking, it means that the standard deviation of the measurements is greater than normal and a new measurement should be taken.

P\_ (line down) The standard deviation of the different measurements has a slightly greater value than normally, but the effect on the result is unlikely to be relevant. The reading should be included.

P- (line in the middle) The standard deviation of the different measurements is clearly greater than normal, but the effect on the result is probably irrelevant. A new measurement should be taken if the IOP is over 19 mmHg; otherwise the reading should be included.

P^ (line up) The standard deviation of the different measurements is great and a new measurement should be taken.

**F. Ascan (IOL Master)**

Axial Length **Range 15.00 to 38.00 mm**

Right Eye..... 32a.   .   mm  
 Left Eye..... 32b.   .   mm

Anterior Chamber Depth **Range 2.00 to 5.00 mm**

Right Eye..... 33a.

.   mm

Left Eye..... 33b.

.   mm

**DO NOT DILATE IF  
ANTERIOR CHAMBER  
DEPTH IS  $\leq$  2.50MM**