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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit AA

Vision

Vision Exam

Form Type: Clinic Examination

LEGEND:

Raw form variable names are located next to the question they represent and do not have a border around the variable name.

Calculated variable names are derived from other variables and have a border around the variable name. The calculated variables names are located in close proximity to the questions from which they were derived.

Some of the questions and measurements on these forms are not being released, and therefore no variable name is provided for them.

Examiner ID: _____

Glasses/Contact Lenses (Check all that apply):

- Wears glasses most of the time **AAGLMOST**
 - Wears glasses for distance only **AAGLDIST**
 - Wears glasses for reading/near viewing only **AAGLREAD**
 - Always wears bifocals/trifocals **AABIFOC**
 - Different glasses for distance & near **AAGLDIFF**
 - Does not wear glasses **AAGLNONE**
 - Wears contact lenses most of the time **AACTMOST**
 - Wears glasses for reading over contact lenses **AACTREAD**
 - Wears one contact lens for near & one for distance **AACTDIST**
 - Does not wear contact lenses **AACTNONE**
- CHECK ONE: Right eye is near/left eye is distance
 Left eye is near/right eye is distance

AALIMP Lens Implants:

- Yes No
- ↓
- Right Eye **AARLIMP**
- Left Eye **AALLIMP**

Contrast Sensitivity

Illumination: Red Green At the top right corner

Illumination: Red Green At the bottom left corner

(As measured with the new Vistech light meter, both need to be in the green for testing.)

Right Eye

Test distance:
AARCSDS

- 10 feet
- 5 feet
- unable to attempt at 5 feet
- refused

Row	AARCSAV	AARCSLAV	AARCShAV
A	U	U	R R L L L R B
B	U	L	R U U L R U B
C	U	R	L L R R U L B
D	U	U	R U L L U R B
E	U	L	U L R U R U B

Left Eye

Test distance:
AALCSDS

- 10 feet
- 5 feet
- unable to attempt at 5 feet
- refused

Row	AALCSAV	AALCSLAV	AALCShAV
A	U	U	R R L L L R B
B	U	L	R U U L R U B
C	U	R	L L R R U L B
D	U	U	R U L L U R B
E	U	L	U L R U R U B

Examiner ID: _____

Acuity - Habitual

Illumination: Red Green At the top right corner.

Illumination: Red Green At the bottom left corner.

(As measured with the new Vistech light meter, both need to be in the green for testing.)

Right Eye

Test Distance: 10 feet 5 feet refused unable

					Number Correct	Snellen fraction	
						10 ft	5 ft
F	N	P	R	Z	5	20/200	20/400
E	Z	H	P	V	10	20/160	20/320
D	P	N	F	R	15	20/125	20/250
R	D	F	U	V	20	20/100	20/200
U	R	Z	V	H	25	20/80	20/160
<u> </u> H	N	D	R	U	30	20/63	20/125
Z	V	U	D	N	35	20/50	20/100
V	P	H	D	E	40	20/40	20/80
P	V	E	H	R	45	20/32	20/63
E	H	V	D	F	50	20/25	20/50
<u> </u> N	U	Z	F	E	55	20/20	20/40
U	H	N	Z	R	60	20/15	20/32
D	N	E	F	P	65	20/12.5	20/25
F	U	E	P	Z	70	20/10	20/20

Total Correct _____

Does ppt score \geq 50 with this eye?

Yes \rightarrow Go to left eye **AARAC50**

No \rightarrow Test pinhole acuity on right eye

AARACCOR

AARACU40

AARLGMAR

Examiner ID: _____

Right Eye

Acuity - Pinhole

AAPHELIG

Test Distance: 10 feet 5 feet refused unable

					Number Correct	Snellen fraction	
						10 ft	5 ft
F	N	P	R	Z	5	20/200	20/400
E	Z	H	P	V	10	20/160	20/320
D	P	N	F	R	15	20/125	20/250
R	D	F	U	V	20	20/100	20/200
U	R	Z	V	H	25	20/80	20/160
==== H	N	D	R	U	30	20/63	20/125
Z	V	U	D	N	35	20/50	20/100
V	P	H	D	E	40	20/40	20/80
P	V	E	H	R	45	20/32	20/63
E	H	V	D	F	50	20/25	20/50
— N	U	Z	F	E	55	20/20	20/40
U	H	N	Z	R	60	20/15	20/32
D	N	E	F	P	65	20/12.5	20/25
F	U	E	P	Z	70	20/10	20/20

Total Correct _____

AARPINCO

Examiner ID: _____

Acuity - Habitual

Illumination: Red Green At the top right corner.

Illumination: Red Green At the bottom left corner.

(As measured with the new Vistech light meter, both need to be in the green for testing.)

Left Eye

Test Distance: 10 feet 5 feet refused unable

					Number Correct	Snellen fraction	
						10 ft	5 ft
R	N	U	P	H	5	20/200	20/400
Z	V	E	F	D	10	20/160	20/320
P	N	F	H	V	15	20/125	20/250
R	D	P	F	E	20	20/100	20/200
E	F	V	Z	N	25	20/80	20/160
==== H	R	D	E	U	30	20/63	20/125
D	F	E	N	H	35	20/50	20/100
F	U	D	Z	R	40	20/40	20/80
E	Z	V	P	D	45	20/32	20/63
U	F	R	N	H	50	20/25	20/50
----- N	H	F	P	R	55	20/20	20/40
H	R	U	Z	N	60	20/15	20/32
P	Z	E	R	V	65	20/12.5	20/25
V	U	Z	P	D	70	20/10	20/20

Total Correct _____

Does ppt score \geq 50 with this eye?

Yes → Go to next exam

AALAC50

No → Test pinhole acuity on left eye

AALACCOR

AALACU40

AALLGMAR

Examiner ID: _____

Acuity - Pinhole

Left Eye

Test Distance: 10 feet 5 feet refused unable

					Number Correct	Snellen fraction		
						10 ft	5 ft	
	R	N	U	P	H	5	20/200	20/400
	Z	V	E	F	D	10	20/160	20/320
	P	N	F	H	V	15	20/125	20/250
	R	D	P	F	E	20	20/100	20/200
	E	F	V	Z	N	25	20/80	20/160
_____	H	R	D	E	U	30	20/63	20/125
	D	F	E	N	H	35	20/50	20/100
	F	U	D	Z	R	40	20/40	20/80
	E	Z	V	P	D	45	20/32	20/63
	U	F	R	N	H	50	20/25	20/50
_____	N	H	F	P	R	55	20/20	20/40
	H	R	U	Z	N	60	20/15	20/32
	P	Z	E	R	V	65	20/12.5	20/25
	V	U	Z	P	D	70	20/10	20/20

Total Correct **AALPINCO**

Examiner ID: _____

refused unable

▼ _____

1. Trial lens calculation (record the lens calculation that you used).

a. Right plus
AARTLSPM minus $\frac{\text{AARTLSPR}}{\text{SPHERE}}$

AARTLCPM plus
 minus $\frac{\text{AARTLCYL}}{\text{CYLINDER}} \times \frac{\text{AARTLAX}}{\text{AXIS}}$

b. Left plus
AALTLSPM minus $\frac{\text{AALTLSPR}}{\text{SPHERE}}$

AALTLCPM plus
 minus $\frac{\text{AALTLCYL}}{\text{CYLINDER}} \times \frac{\text{AALT LAX}}{\text{AXIS}}$

2. Pupil diameter:

a. Right: $\frac{\text{AARPUPD}}{\text{mm}}$ mm in diameter.

b. Left: $\frac{\text{AALPUPD}}{\text{mm}}$ mm in diameter.

3. Snellen conversion of Bailey-Lovie Acuity (on vision pages 12-15):

a. Right 20/ $\frac{\text{AARSNEL}}{\text{Snellen}}$

b. Left: 20/ $\frac{\text{AALSNEL}}{\text{Snellen}}$

4. Comments:

- DO NOT CHECK INTRAOCULAR PRESSURES IF PPT HAS HAD EYE SURGERY WITHIN THE PAST TWO WEEKS.
- BE SURE TO INSTILL A DROP OF OPHTHETIC (ANESTHETIC) INTO EACH EYE BEFORE YOU CHECK INTRAOCULAR PRESSURES.

Examiner ID: _____

1. Time: ____ : ____ : ____
 am
 pm

refused unable
↓

2.	<u>Right Eye</u>		<u>Left Eye</u>	
	<u>Average IOP</u>	<u>% of error</u>	<u>Average IOP</u>	<u>% of error</u>
a. 1st IOP:	<u>AAR1IOP</u> mmHg	<u>AAR1PCT</u> %	<u>AAL1IOP</u> mmHg	<u>AAL1PCT</u> %
b. 2nd IOP:	<u>AAR2IOP</u> mmHg	<u>AAR2PCT</u> %	<u>AAL2IOP</u> mmHg	<u>AAL2PCT</u> %
c. 3rd IOP:	<u>AAR3IOP</u> mmHg	<u>AAR3PCT</u> %	<u>AAL3IOP</u> mmHg	<u>AAL3PCT</u> %
d. 4th IOP:	<u>AAR4IOP</u> mmHg	<u>AAR4PCT</u> %	<u>AAL4IOP</u> mmHg	<u>AAL4PCT</u> %

(conduct 4th trial if any % > 5)

3. Comments: AAR15PCT AAR25PCT AAR35PCT AAR45PCT
AAL15PCT AAL25PCT AAL35PCT AAL45PCT

SOF-ES EYE PHOTOGRAPHY

PPT. ID: _____

Examiner ID: _____

1. Is participant allergic to dilating drops?

AAALRGDD

Yes No



do not dilate

2. Has participant's doctor told her to not be dilated?

AADRDLT

Yes No



do not dilate

3. Were the angles shallow on penlight exam?

(Refer to the illustration on page 30 of Manual of Procedures, Section 2.9)

Right Eye

Left Eye

AARPNLT

Yes No



do not dilate

Yes No



do not dilate

AALPNLT

4. Was the eye pressure equal to, or greater than 30 mmHg?

Right Eye

Left Eye

AAR30

Yes No



do not dilate

Yes No



do not dilate

AAL30

If answers to 1, 2, 3 and 4 were no, then dilate. Otherwise, do not dilate, and proceed to Canon camera only.

5. Record the diameter in millimeters of the participant's pupils PRIOR to dilating, (this helps you to know if the participant is dilated.)

Right: Before dilation: ____•____ mm **AARBFDL**

After dilation: ____•____ mm **AARAFDL**

Left: Before dilation: ____•____ mm **AALBFDL**

After dilation: ____•____ mm **AALAFDL**

6. Was participant dilated? Yes No refused unable

AADILAT



Proceed with all cameras. Canon camera only.

Date: _____

PPT. ID: _____

Film Roll # _____

Examiner ID: _____

Film Type: EP _____ -135-36

Canon CR-45UAF Fundus Photos

refused unable



Please check each one as completed

	<u>Right Eye</u>		<u>Left Eye</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
ID entered AARID	<input type="checkbox"/>	<input type="checkbox"/>	AALID	<input type="checkbox"/>
<hr/>				
a. (N) Photo #1 AAR1FLM	<input type="checkbox"/>	<input type="checkbox"/>	AAL1FLM	<input type="checkbox"/>
b. (+) Photo #2 AAR2FLM	<input type="checkbox"/>	<input type="checkbox"/>	AAL2FLM	<input type="checkbox"/>
c. External #3 AAR3FLM	<input type="checkbox"/>	<input type="checkbox"/>	AAL3FLM	<input type="checkbox"/>
d. Retakes? AARRTK	<input type="checkbox"/>	<input type="checkbox"/>	AALRTK	<input type="checkbox"/>

Comments on Canon photographs: _____

Date: _____

PPT. ID: _____

Film Roll # _____

Examiner ID: _____

Film Type: EP _____ -135-36

Topcon SL-7E Slit Lamp Lens Photos

refused unable



Identifier slide should include:

- participant ID
- date
- eye (right or left)

Please check each one as completed

	<u>Right Eye</u>		<u>Left Eye</u>		
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	
a. Photo #1 (ID) (photo of identifying information)	AAR1SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AAL1SLMP
b. Photo #2	AAR2SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AAL2SLMP
c. Photo #3	AAR3SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AAL3SLMP

Comments on Slit Lamp photographs: _____

Date _____

PPT. ID: _____

Date: Film Roll # _____

Examiner ID: _____

Film Type: EP _____ - 135-36

Marcher Retro-Illumination Lens Photos

refused

unable

↓ _____

Please check each one as completed

Right Eye

Left Eye

Yes No

Yes No

ID entered
AARIDMCH

AALIDMCH

a. Anterior capsule #1
AAR1MCH

AAL1MCH

b. Posterior capsule #2
AAR2MCH

AAL2MCH

c. Extra photos* #1.....
(take 2 only) **AARE1MCH**

Ant Post

Ant Post **AALE1MCH**

#2.....
AARE2MCH

Ant Post

Ant Post **AALE2MCH**

*Extra photos: Please take 2 "extra" photos with the Marcher camera so that we have a total of 6 photos per camera per ppt. Retake those photos that were least likely to be of good quality; indicate which photos were taken by checking boxes above.

Distance between anterior and posterior capsule photographs:

e. Right: **AARANTP** ____•____ mm

e. Left: **AALANTP** ____•____ mm

Comments on Marcher photographs: _____

5. Are any of these eye medications, drops or ointment, used to lower the pressure in your eyes?

Right Eye:

Left Eye:

Yes

Yes

No

No

Don't know

Don't know

6. Have you ever used eye medication, drops or ointments, prescribed by a doctor to lower the pressure in your eyes?

Right Eye:

Left Eye:

Yes

Yes

No

No

Don't know

Don't know

7. Do you wear contact lenses?

Right Eye:

Left Eye:

AARCTLNS

AALCTLNS

Yes →

If yes, when did you receive your latest right contact lens?

Yes →

If yes, when did you receive your latest left contact lens?

No

No

DK

DK

_____/_____
Month Year

_____/_____
Month Year