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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

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

V6GLMOST

Wears glasses for distance only

V6GLDIST

Wears glasses for reading/near viewing only

V6GLREAD

Always wears bifocals/trifocals

V6BIFOC

Different glasses for distance & near

V6GLDIFF

Does not wear glasses

V6GLNONE

Wears contact lenses most of the time

V6CTMOST

Wears glasses for reading over contact lenses

V6CTREAD

Wears one contact lens for near & one for distance

V6CTDIST

Does not wear contact lenses

V6CTNONE

V6LIMP Lens Implants:

Yes No

Right Eye

Left Eye

V6RLIMP

V6LLIMP

CHECK ONE: Right eye is near/left eye is distance

Left eye is near/right eye is distance

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

Row

V6RCSAV

V6RCSLAV

V6RCSHAV

Test distance:

V6RCSDS

10 feet

5 feet

unable to attempt at 5 feet

refused

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

Row

V6LCSAV

V6LCSLAV

V6LCSHAV

Test distance:

V6LCSDS

10 feet

5 feet

unable to attempt at 5 feet

refused

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>H</u>	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>N</u>	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 **V6RAC50**

No \rightarrow Test pinhole acuity on right eye

V6RACCOR

V6RACU40

V6RLGMAR

Examiner ID: _____

Right Eye

Acuity - Pinhole

V6PHELIG

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 _____

V6RPINCO

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 \rightarrow Go to next exam

V6LAC50

No \rightarrow Test pinhole acuity on left eye

V6LACCOR

V6LACU40

V6LLGMAR

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 **V6LPINCO**

Examiner ID: _____

refused unable
↓

1. Participant eyeglasses (check all that apply):

V6EGDS a. Distance Yes No

V6EGBF b. Bifocal Yes No

V6EGTF c. Trifocal Yes No

V6EGRD d. Reading Yes No

2. Lensometer readings (for distance only), from Humphrey Autolensometer:

a. Right lens: plus
V6RSPPM minus _____ **V6RSPR** _____
SPHERE

V6RCYLPMP plus
 minus _____ **V6RCYL** _____ X _____ **V6RAXIS** _____
CYLINDER AXIS

b. Left lens: plus
V6LSPPM minus _____ **V6LSPR** _____
SPHERE

V6LCYLPMP plus
 minus _____ **V6LCYL** _____ X _____ **V6LAXIS** _____
CYLINDER AXIS

Doesn't wear distance glasses. **V6DXGLS**

Examiner ID: _____

refused unable
 ↓

1. Snellen Visual acuity with habitual (current) correction (glasses, contacts, or none).

a. Right 20 / **V6RSAC**

b. Left 20 / **V6LSAC**

2. Visual acuity with "best correction" as determined by the Humphrey Autorefractor (with glasses removed):

a. Right 20 / **V6RACCR**

b. Left 20 / **V6LACCR**

3. "Best correction" results from Humphrey Autorefractor:

a. Right plus
 minus **V6RBCSP**
 _____ ● _____
 SPHERE

V6RBCCPM plus
 minus **V6RBCCYL** X **V6RBCAX**
 _____ ● _____
 CYLINDER AXIS

b. Left plus
 minus **V6LBCSP**
 _____ ● _____
 SPHERE

V6LBCCPM plus
 minus **V6LBCCYL** X **V6LBCAX**
 _____ ● _____
 CYLINDER AXIS

Examiner ID: _____

refused unable

▼ _____

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

a. Right plus

V6RTLSPM

minus

V6RTLSPR

____ • ____
SPHERE

V6RTLCPM

plus

minus

V6RTLCYL

____ • ____

X

V6RTLAX

AXIS

b. Left plus

V6LTLSPM

minus

V6LTLSPR

____ • ____
SPHERE

V6LTLCPM

plus

minus

V6LTLCYL

____ • ____

X

V6LTLAX

AXIS

2. Pupil diameter:

a. Right: **V6RPUPD**
____ • ____ mm in diameter.

b. Left: **V6LPUPD**
____ • ____ mm in diameter.

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

a. Right 20/ **V6RSNEL**

b. Left: 20/ **V6LSNEL**

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
 ↓

	<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:	V6R1IOP ____ mmHg	V6R1PCT ____ %	V6L1IOP ____ mmHg	V6L1PCT ____ %
b. 2nd IOP:	V6R2IOP ____ mmHg	V6R2PCT ____ %	V6L2IOP ____ mmHg	V6L2PCT ____ %
c. 3rd IOP:	V6R3IOP ____ mmHg	V6R3PCT ____ %	V6L3IOP ____ mmHg	V6L3PCT ____ %
d. 4th IOP:	V6R4IOP ____ mmHg	V6R4PCT ____ %	V6L4IOP ____ mmHg	V6L4PCT ____ %

(conduct 4th trial if any % > 5)

3. Comments: **V6R15PCT** **V6R25PCT** **V6R35PCT** **V6R45PCT**
V6L15PCT **V6L25PCT** **V6L35PCT** **V6L45PCT**

SOF-ES EYE PHOTOGRAPHY

PPT. ID: _____

Examiner ID: _____

1. Is participant allergic to dilating drops?

V6ALRGDD

Yes No



do not dilate

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

V6DRDLT

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

V6RPNLT

Yes No



do not dilate

Yes No



do not dilate

V6LPNLT

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

Right Eye

Left Eye

V6R30

Yes No



do not dilate

Yes No



do not dilate

V6L30

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 **V6RBFDL**

After dilation: ____•____ mm **V6RAFDL**

Left: Before dilation: ____•____ mm **V6LBFDL**

After dilation: ____•____ mm **V6LAFDL**

6. Was participant dilated? Yes No refused unable

V6DILAT



Proceed with all cameras. Canon camera only. _____

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) V6R1SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V6L1SLMP
(photo of identifying information)				
b. Photo #2 V6R2SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V6L2SLMP
c. Photo #3 V6R3SLMP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V6L3SLMP

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
V6RIDMCH

V6LIDMCH

a. Anterior capsule #1
V6R1MCH

V6L1MCH

b. Posterior capsule #2
V6R2MCH

V6L2MCH

c. Extra photos*
(take 2 only)

#1..... Ant Post
V6RE1MCH

Ant Post **V6LE1MCH**

#2..... Ant Post
V6RE2MCH

Ant Post **V6LE2MCH**

*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: **V6RANTP** _____•_____ mm

e. Left: **V6LANTP** _____•_____ 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?

V6RCTLNS

Right Eye:

Left Eye:

V6LCTLNS

Yes →

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

No

Yes →

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

DK

_____/_____
Month Year

No

DK

_____/_____
Month Year