

# ATS5 ENROLLMENT FORM

*tblATS5Enroll*

Visit Date ☐ Today If not today, enter date:\_\_\_\_\_ VisitDt

## A. DEMOGRAPHIC INFORMATION

1. Gender: ☐ Male ☐ Female Gender
2. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown/not reported Ethnicity
- See "Personal Census Data" for definitions
3. Race: ☐ White ☐ Black/African-American ☐ Asian ☐ Native Hawaiian/Other Pacific Islander Race
- ☐ American Indian/Alaskan Native ☐ More than one race ☐ Unknown/not reported

## B. OCULAR HISTORY

1. Date History Elicited \_\_\_\_\_ HistoryDt
2. Prior amblyopia treatment:  
check all that apply: ☐ None ☐ Patch<sub>(skin)</sub> ☐ Patch<sub>(glasses)</sub> ☐ Atropine<sub>(other cycloplegic)</sub> ☐ Fogging<sub>(Bangerter, tape, optical)</sub> ☐ Other \_\_\_\_\_  
PrRxNone PrRxPatS PrRxPatG PrRxAtrp PrRxFogg PrRxOth PrRxOthDs
- Verify the following:
3. ☐ No amblyopia treatment (other than optical correction) in past month and no more than one month of amblyopia treatment in the past 6 months NoPrRx
4. ☐ No prior intraocular or refractive surgery NoPrSurg
5. ☐ No current active vision therapy or orthoptics NoCurVisTherOrth
6. ☐ Patient has no known skin reactions to patch or bandage adhesives NoAllergyAdh

## C. SPECTACLE HISTORY

1. Prior Spectacle use before today's visit (i.e. prior to enrollment): HxSpecUse12Mo  
(check one) ☐ Current ☐ Within last 12 months ☐ More than 12 months ago ☐ Never
2. If Current, Specs were worn prior to today's visit: SpecCur
- a. How long have current spectacles been worn?: ☐ < 16 weeks ☐ ≥ 16 weeks
- b. Current correction: OD: \_\_\_\_\_ @ \_\_\_\_\_ OS: \_\_\_\_\_ @ \_\_\_\_\_  
sph cyl axis sph cyl axis  
HxSphOD HxCylOD HxAxisOD HxSphOS HxCylOS HxAxisOS

## D. VISUAL ACUITY TESTING

- Test visual acuity in each eye with or without cycloplegia using ATS HOTV protocol.
- Testing must be done with BEST REFRACTIVE CORRECTION
- For study eligibility, testing must be within 1 week prior to enrollment , visual acuity must be 20/40 to 20/400 in amblyopic eye, ≥ 20/40 in sound eye, and inter-eye acuity difference must be ≥ 3 logMAR lines

1. Date of testing: ☐ Today If not today, enter date: \_\_\_\_\_ VAtestDt

Verify the following:

- a. ☐ Brightness on screen within range on light meter VAIstrBright
- b. ☐ Testing distance = 3 meters (118 inches) from monitor screen to center of exam chair seat EVAMeasDist
- c. ☐ Size of EVA calibration square: horizontal = 114 mm and vertical = 114 mm EVACalibSize

## 2. Visual Acuity Test

	Visual Acuity VisAcuOD	VANoneOD	Correction Used		Cycloplegia CycOD
OD:	20/ [drop down]	<input type="checkbox"/> none	VASphOD VACylOD @ VAAxisOD		<input type="checkbox"/> With <input type="checkbox"/> Without
	VisAcuOS	VANoneOS	sph cyl axis		CycOS
OS:	20/ [drop down]	<input type="checkbox"/> none	VASphOS VACylOS @ VAAxisOS		<input type="checkbox"/> With <input type="checkbox"/> Without
			sph cyl axis		

## E. CYCLOPLEGIC REFRACTION CRTesDt

1. Date of refraction: ☐ Today If not today, enter date: \_\_\_\_\_ must be within 2 months prior to enrollment for study eligibility
2. OD: \_\_\_\_\_ @ \_\_\_\_\_ OS: \_\_\_\_\_
- sph cyl axis sph cyl axis

## F. OCULAR ALIGNMENT

OcuAlignDt

For eligibility, must be performed within 2 months prior to enrollment

Date of measurement of ocular alignment: ☐ Today If not today, enter date: \_\_\_\_\_

### Ocular alignment

- With a cover-uncover test, assess whether a primary position TROPIA is present at distance and near (with spectacles, if prescribed).
- If YES, measure TROPIA with simultaneous prism and cover test (SPCT) and record type of tropia(s) (horizontal and vertical) and size in prism diopters (write one number, not a range).
- If acuity too poor for SPCT, skip 1 - 2. and record Krinsky measurement in 3.

- |  | TropiaDi | TropiaHSizeDi TropHTypeDi | TropiaVSizeDi TropVTypeDi |
|--|----------|---------------------------|---------------------------|
|  |          | Horizontal                | Vertical                  |
| 1. Distance tropia present? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Size dropdown Δ Type dropdown |          |                           |                           |
|  | TropiaNr | TropiaHSizeNr TropHTypeNr | TropiaVSizeNr TropVTypeNr |
|  |          | Horizontal                | Vertical                  |
| 2. Near tropia present? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Size dropdown Δ Type dropdown     |          |                           |                           |
| 3. If acuity too poor for SPCT, record Krinsky measurement (size/type) _____   |          |                           |                           |
| one text field called Krinsky  |          |                           | Krinsky                   |

5. Prior strabismus surgery? ☐ Yes ☐ No [PrStrbSurg](#)

6. Original strabismus history/type check one (if strabismus surgery has been performed, indicate original type, not current deviation)  
[StrbType](#)

☐ None ☐ Infantile-ET ☐ Acquired-ET ☐ XT ☐ HT ☐ Restrictive ☐ Paretic ☐ Uncertain ☐ Other

7. Nystagmus primary position ☐ None ☐ With occlusion only ☐ Without occlusion

[Nystagmus](#)

#### G. OTHER PATIENT ELIGIBILITY DATA

1. Date of most recent ocular exam: ☐ Today [OcuExamDt](#) If not today, enter date: \_\_\_\_ must be within 2 mos prior to enrollment for study eligibility

Verify the following:

2. ☐ Patient has amblyopia meeting study criteria for strabismus, anisometropia, or both

[AmbCrit](#)

**For protocol definitions for cause of amblyopia, click here:** [\[protocol pop up box #1\]](#)

3. ☐ No ocular cause for patient's reduced visual acuity nystagmus per se does not exclude patient if visual criteria are met

[NoOcuCause](#)

4. ☐ Parent understands protocol and, if child is eligible to enter randomized trial, is willing to accept randomized treatment

[ParentUndProt](#)

5. ☐ Parent has home phone and is willing to be contacted by Jaeb Center staff

[ParentHmPhone](#)

6. ☐ Parent does not anticipate relocation outside of area of an active ATS site within the next six months

[ParentNoRelo](#)

#### H. SPECTACLE CORRECTION PRESCRIBED

**For protocol with regard to spectacle correction, click here:** [\[protocol pop up box #2\]](#)

1. Spectacle Classification

[SpecClass](#)

Check one of the following:

☐ a. Patient does not currently wear spectacles and does not need new spectacles

☐ b. Patient does not currently wear spectacles; new Rx to be prescribed

☐ c. Patient is currently wearing spectacles; change in Rx to be prescribed

☐ d. Patient is already wearing optimal spectacles for  $\geq 16$  weeks

☐ e. Patient is already wearing optimal spectacles for  $< 16$  weeks

**The study will provide new spectacles for patients who are being prescribed spectacles for the first time or who require a change in refractive correction.**

2. Spectacle correction if prescribed (Complete below only if b or c is checked above. Enter the correction for both eyes.)

OD: [RxSphOD](#) [RxCylOD](#) [RxAxisOD](#) OS: [RxSphOS](#) [RxCylOS](#) [RxAxisOS](#)  
sph cyl axis sph cyl axis

\*\*\*NO TREATMENT OTHER THAN OPTICAL CORRECTION SHOULD BE PRESCRIBED\*\*\*

**NEW SPECTACLES SHOULD NOT BE WORN UNTIL THE SPECTACLE PHASE BASELINE VISIT**