

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Vision Test - Ver 1.0

Section Title: Vision Screen

Date Completed

☐ Blank

Tester ID

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

If 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.*

If NEAR ONLY:

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.

- ☐ Never
☐ Near only (eg reading)
☐ Distance only (eg driving watching TV)
☐ For both distance and near

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

If 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.*

- ☐ Yes ☐ No Click to deselect entry

2a) Determine type of glasses or contact lenses (CL):

- ☐ Glasses ☐ Contact Lenses Click to deselect entry

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.*

Glasses

- ☐ Single vision
☐ Bifocal
☐ Trifocals
☐ Progressives

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).

Contact Lenses

- ☐ Soft
☐ RGP (hard)
☐ Unknown

CL are:

- ☐ Distance
☐ Bifocal
☐ Monovision

Which eye if for distance

- ☐ Right
☐ Left
☐ Unknown

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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)

testing circles)

"Now look at these sets of 4 circles. Are the circles clear?" STEREOPSIS FLOWCHART: (show the participant the testing circles) "Now look at these sets of 4 circles. Are the circles clear? " -Yes (clear) - No (not clear) =>Is the participant wearing glasses?

Line 1 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 2 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 3 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 4 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 5 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 6 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 7 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 8 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryLine 9 ☐ Left ☐ Right ☐ Top ☐ Bottom Click to deselect entryWas stereopsis test completed? ☐ Yes ☐ No Click to deselect entry

Reason not done

- ☐ Physical problems
- ☐ Cognitive problems
- ☐ Physical and cognitive
- ☐ Refused*
- ☐ Technical problems

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

Did participant wear glasses?

- ☐ Yes
- ☐ No

Click to deselect entry

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Section Title: Statis Visual Acuity**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.

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

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

Column 3
(low contrast) ☐ >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:

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 circle?

See line B ☐ Yes ☐ No

Line B1 ☐ Top ☐ Bottom ☐ Blank

Line B2 ☐ Top ☐ Bottom ☐ Blank

Line B3 ☐ Top ☐ Bottom ☐ Blank

Line B4 ☐ Top ☐ Bottom ☐ Blank

Line B5 ☐ Top ☐ Bottom ☐ Blank

Line B6 ☐ Top ☐ Bottom ☐ Blank

Line B7 ☐ Top ☐ Bottom ☐ Blank

Line B8 ☐ Top ☐ Bottom ☐ Blank

See line C ☐ Yes ☐ No

Line C1 ☐ Top ☐ Bottom ☐ Blank

Line C2 ☐ Top ☐ Bottom ☐ Blank

Line C3 ☐ Top ☐ Bottom ☐ Blank

Line C4 ☐ Top ☐ Bottom ☐ Blank

Line C5 ☐ Top ☐ Bottom ☐ Blank

Line C6 ☐ Top ☐ Bottom ☐ Blank

Line C7 ☐ Top ☐ Bottom ☐ Blank

Line C8 ☐ 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."

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

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

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

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

Glare lights on (CS)

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

See line B ☐ Yes ☐ No

Line B1 ☐ Top ☐ Bottom ☐ Blank

Line B2 ☐ Top ☐ Bottom ☐ Blank

Line B3 ☐ Top ☐ Bottom ☐ Blank

Line B4 ☐ Top ☐ Bottom ☐ Blank

Line B5 ☐ Top ☐ Bottom ☐ Blank

Line B6 ☐ Top ☐ Bottom ☐ Blank

Line B7 ☐ Top ☐ Bottom ☐ Blank

Line B8 ☐ Top ☐ Bottom ☐ Blank

See line C ☐ Yes ☐ No

Line C1 ☐ Top ☐ Bottom ☐ Blank

Line C2 ☐ Top ☐ Bottom ☐ Blank

Line C3 ☐ Top ☐ Bottom ☐ Blank

Line C4 ☐ Top ☐ Bottom ☐ Blank

Line C5 ☐ Top ☐ Bottom ☐ Blank

Line C6 ☐ Top ☐ Bottom ☐ Blank

Line C7 ☐ Top ☐ Bottom ☐ Blank

Line C8 ☐ Top ☐ Bottom ☐ Blank

Was visual acuity test completed? ☐ Yes ☐ No

Reason not done ☐ Physical problems
☐ Cognitive problems
☐ Physical and cognitive
☐ Refused*
☐ Technical problems

Did the participant wear glasses? ☐ Yes ☐ No

Was contrast sensitivity test completed? ☐ Yes ☐ No

Reason not done ☐ Physical problems
☐ Cognitive problems
☐ Physical and cognitive
☐ Refused*
☐ Technical problems

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?"

Viual Acuity and Visual Field alerts ☐ Yes - Go to B
☐ No - Go to STANDARD ALERT

STANDARD ALERT: "I would advise you to have your eyes checked by a qualified eye care professional in the near future."

URGENT ALERT: "I would advise you to have your eyes checked by a qualified eye care professional within the next few days."

EMERGENCY ALERT: "I would acvise you to have your eyes checked by a qualified eye care professional today or tomorrow." AND NOTIFY THE PHYSICIAN OR NURSE

B. When did you first notice these symptoms?

Alerts ☐ More than a few weeks ago - STANDARD ALERT
☐ Within the past few weeks - URGENT ALERT
☐ Within the past few days - EMERGENCY ALERT

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Section Title: Visual Field

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INTRODUCTION FOR VISUAL FIELD (VF) TESTING: *If participant has marked discrepancy of vision between eyes, do not perform 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 Click to deselect entry **If YES**, Do not perform the test and code the reason as Physical problem

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."

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.

Right eye:

+/- Sphere (-30 - 30)

Cylinder (-9 - 0)

Axis (0-180)

+/- Sphere (-30 - 30)

Final Test Lense:

Left eye:

+/- Sphere (-30 - 30)

Cylinder (-9 - 0)

Axis (0-180)

+/- Sphere (-30 - 30)
Final Test Lense:**Near add:**

(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."
Was visual field assessment completed?***

☐ Yes ☐ No Click to deselect entry

Reason not done:

- ☐ Physical problems (*includes if participant has marked discrepancy of vision between eyes)
☐ Physical and cognitive
☐ Cognitive problems
☐ Refused
☐ Technical problems

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