

**Documentation Form Eye examination Cystinosis**

October, 2019

Question	Answer options	User information
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**Basic information**

	Date of examination:
	Provider:

**Medical history**

	Patient has been diagnosed with Diabetes mellitus	<input type="radio"/> no	<input type="radio"/> yes
	Date of diagnosis		
	HbA1c		
	Date of HbA1c		
	Insuline prescription	<input type="radio"/> no	<input type="radio"/> yes
	Additional information		
	Patient has been diagnosed with hypertension	<input type="radio"/> no	<input type="radio"/> yes
	Date of diagnosis		
	Additional information		
	Patient has been diagnosed with thyroid disease	<input type="radio"/> no	<input type="radio"/> yes
	Date of diagnosis		
	Additional information		
	Patient has been diagnosed with raised intracranial pressure	<input type="radio"/> no	<input type="radio"/> yes
	Date of diagnosis		
	Additional information		
	Additional diagnosis or additional information		

**Eye symptoms**

	Report based on	<input type="radio"/> completely on parents' report	<input type="radio"/> mostly on parents' report	<input type="radio"/> mostly on patient's report	<input type="radio"/> completely on patient's report
	Photophobia (discomfort caused by light): subjective report by patient	<input type="radio"/> 0: none	<input type="radio"/> 1: mild	<input type="radio"/> 2: moderate	<input type="radio"/> 3: severe
	Frequency of photophobia (numbers of days of the week)				

Photophobia: evaluation of physician	<input type="radio"/> 0: none	<input type="radio"/> 1: photophobia at moderate light of slit lamp	<input type="radio"/> 2: slit light examination barely tolerated	<input type="radio"/> 3: patients needs darkened glasses / slit lamp examination impossible
Detailed report on other eye symptoms?	<input type="radio"/> no	<input type="radio"/> yes		
Poor vision	<input type="radio"/> no	<input type="radio"/> yes, all the time	<input type="radio"/> yes, nighttime only	<input type="radio"/> yes, daytime only
Frequency of poor vision (number of days of the week)				
Dry or gritty sensation in the eye	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> unknown	
Level of dry or gritty sensation	<input type="radio"/> 1: mild	<input type="radio"/> 2: moderate	<input type="radio"/> 3: severe	
Frequency of dry or gritty sensation (number of days of the week)				
Red eye	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> unknown	a red appearance to the white part of the eye
Frequency of red eye (number of days of the week)				
Blepharospasm (uncontrolled closure of the eye)	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> unknown	
Level of blepharospasm	<input type="radio"/> 1: mild (at bright light)	<input type="radio"/> 2: moderate (at daylight)	<input type="radio"/> 3: severe	
Frequency of blepharospasm (number of days of the week)				
Additional information				

### Medication

Prescription of topical cysteamine (eye drops)?	<input type="radio"/> no	<input type="radio"/> yes		
Formulation	<input type="radio"/> Cystadrops	<input type="radio"/> Cystaran	<input type="radio"/> pharmacy-made formulation	<input type="radio"/> other
Additional information				
Percentage of Cysteamine	%			
Beginning of prescription	(MM/YYYY or YYYY)			
Suggested frequency of eye drops	per day			
Detailed report on eye drops prescription?	<input type="radio"/> no	<input type="radio"/> yes		
Number of days during last 7 days the drops were applied?	days			
How often per day were drops applied during the last week (on average)?	per day			
Storage of unopened vials	<input type="radio"/> frozen	<input type="radio"/> refrigerated most of the time	<input type="radio"/> refrigerated some of the time	<input type="radio"/> at room temperature
Storage of opened vials	<input type="radio"/> refrigerated most of the time	<input type="radio"/> refrigerated some of the time	<input type="radio"/> at room temperature	
Do eye drops cause discomfort or problems during or following instillation?	<input type="radio"/> no	<input type="radio"/> yes		
Additional information (please specify problems / discomfort)	<input type="checkbox"/> Sticky sensation	<input type="checkbox"/> Burning sensation	<input type="checkbox"/> Pain	<input type="checkbox"/> Blurred Vision

<input type="checkbox"/> Red eyes	<input type="checkbox"/> Application is difficult	<input type="checkbox"/> Other
Other problems / discomfort		
Is the handling of the eye drops difficult (e.g. transport / storage)? <input type="radio"/> no <input type="radio"/> yes		
Please specify difficulties		
Additional information		

**Clinical findings**

Patient is wearing correction? <input type="radio"/> no <input type="radio"/> yes																																					
Mainly used correction <input type="radio"/> glasses <input type="radio"/> contact lenses <input type="radio"/> Other																																					
Please specify other																																					
Test of visual acuity performed? <input type="radio"/> no <input type="radio"/> yes																																					
Visual acuity - testing method <input type="radio"/> Snellen <input type="radio"/> Kays <input type="radio"/> Log Mar <input type="radio"/> Allen Pictures <input type="radio"/> ETDRS <input type="radio"/> HOTV <input type="radio"/> Tumbling E <input type="radio"/> Other																																					
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<table border="0"> <tr> <td><b>Examination OD/OS</b></td> <td><b>OD</b></td> <td><b>OS</b></td> </tr> <tr> <td>Glasses</td> <td></td> <td></td> </tr> <tr> <td>Pinhole</td> <td></td> <td></td> </tr> <tr> <td>Pupils RAPD</td> <td><input type="radio"/> no <input type="radio"/> yes</td> <td><input type="radio"/> no <input type="radio"/> yes</td> </tr> <tr> <td>Intraocular pressure tested?</td> <td><input type="radio"/> no</td> <td><input type="radio"/> yes</td> </tr> <tr> <td>Method</td> <td><input type="radio"/> applanation</td> <td><input type="radio"/> tonopen <input type="radio"/> i-care <input type="radio"/> other</td> </tr> <tr> <td colspan="3">Please specify other method</td> </tr> <tr> <td colspan="3">Time of day (HH:MM)</td> </tr> <tr> <td><b>Examination OD/OS</b></td> <td><b>OD</b></td> <td><b>OS</b></td> </tr> <tr> <td>Intraocular pressure</td> <td>(mmHg)</td> <td>(mmHg)</td> </tr> <tr> <td>Pressure to palpation</td> <td><input type="radio"/> not tested <input type="radio"/> normal <input type="radio"/> abnormal soft <input type="radio"/> abnormal hard</td> <td><input type="radio"/> not tested <input type="radio"/> normal <input type="radio"/> abnormal soft <input type="radio"/> abnormal hard</td> </tr> <tr> <td colspan="3">Additional information</td> </tr> </table>		<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>	Glasses			Pinhole			Pupils RAPD	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	Intraocular pressure tested?	<input type="radio"/> no	<input type="radio"/> yes	Method	<input type="radio"/> applanation	<input type="radio"/> tonopen <input type="radio"/> i-care <input type="radio"/> other	Please specify other method			Time of day (HH:MM)			<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>	Intraocular pressure	(mmHg)	(mmHg)	Pressure to palpation	<input type="radio"/> not tested <input type="radio"/> normal <input type="radio"/> abnormal soft <input type="radio"/> abnormal hard	<input type="radio"/> not tested <input type="radio"/> normal <input type="radio"/> abnormal soft <input type="radio"/> abnormal hard	Additional information		
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test patient with their glasses if they normally wear them for distance tasks

**Slit lamp examination**

Slit lamp examination performed?	<input type="radio"/> no	<input type="radio"/> yes, no relevant findings	<input type="radio"/> yes, relevant findings
<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>	
Lid, lashes, adnexa	<input type="radio"/> no findings	<input type="radio"/> no findings	
Lid, lashes, adnexa findings	<input type="checkbox"/> Anterior blepharitis <input type="checkbox"/> Meibomian gland dysfunction <input type="checkbox"/> lidedema <input type="checkbox"/> Other	<input type="checkbox"/> Anterior blepharitis <input type="checkbox"/> Meibomian gland dysfunction <input type="checkbox"/> lidedema <input type="checkbox"/> Other	Additional information
Conjunctiva	<input type="radio"/> no findings	<input type="radio"/> no findings	
Conjunctiva findings	<input type="checkbox"/> injected <input type="checkbox"/> Conjunctival yellow reticular deposits <input type="checkbox"/> Conjunctival crystals <input type="checkbox"/> Other	<input type="checkbox"/> injected <input type="checkbox"/> Conjunctival yellow reticular deposits <input type="checkbox"/> Conjunctival crystals <input type="checkbox"/> Other	Additional information
Cornea	<input type="radio"/> no findings	<input type="radio"/> no findings	
Cornea findings	<input type="checkbox"/> Crystals <input type="checkbox"/> Haze <input type="checkbox"/> Epithelial punctate keratopathy <input type="checkbox"/> Band keratopathy	<input type="checkbox"/> Crystals <input type="checkbox"/> Haze <input type="checkbox"/> Epithelial punctate keratopathy <input type="checkbox"/> Band keratopathy	Additional information
Stromal crystal location	<input type="checkbox"/> Central (app. 5mm) <input type="checkbox"/> Peripheral	<input type="checkbox"/> Central (app. 5mm) <input type="checkbox"/> Peripheral	
Central stromal crystal density	<input type="radio"/> Grade 1: low density crystals <input type="radio"/> Grade 2: medium density crystals <input type="radio"/> Grade 3: high density crystals	<input type="radio"/> Grade 1: low density crystals <input type="radio"/> Grade 2: medium density crystals <input type="radio"/> Grade 3: high density crystals	
Central stromal crystal depth	<input type="checkbox"/> Front half <input type="checkbox"/> Back half	<input type="checkbox"/> Front half <input type="checkbox"/> Back half	
Peripheral stromal crystal density	<input type="radio"/> Grade 1: low density crystals <input type="radio"/> Grade 2: medium density crystals <input type="radio"/> Grade 3: high density crystals	<input type="radio"/> Grade 1: low density crystals <input type="radio"/> Grade 2: medium density crystals <input type="radio"/> Grade 3: high density crystals	

Peripheral stromal crystal depth	<input type="checkbox"/> Front half <input type="checkbox"/> Back half <input type="checkbox"/> Back third	<input type="checkbox"/> Front half <input type="checkbox"/> Back half <input type="checkbox"/> Back third	
Other corneal changes?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	Additional information
Anterior chamber	<input type="radio"/> no findings	<input type="radio"/> no findings	
Anterior chamber findings	<input type="checkbox"/> Cells <input type="checkbox"/> Flare <input type="checkbox"/> Other anterior chamber changes	<input type="checkbox"/> Cells <input type="checkbox"/> Flare <input type="checkbox"/> Other anterior chamber changes	Additional information
Cell grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Flare grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Iris	<input type="radio"/> no findings	<input type="radio"/> no findings	
Iris findings	<input type="checkbox"/> Crystals <input type="checkbox"/> Posterior synechiae <input type="checkbox"/> Other iris changes	<input type="checkbox"/> Crystals <input type="checkbox"/> Posterior synechiae <input type="checkbox"/> Other iris changes	Additional information
Lens	<input type="radio"/> clear <input type="radio"/> cataract <input type="radio"/> aphakia <input type="radio"/> pseudophakia	<input type="radio"/> clear <input type="radio"/> cataract <input type="radio"/> aphakia <input type="radio"/> pseudophakia	
Cataract severity	<input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe	<input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe	
Cataract type	<input type="radio"/> nuclear <input type="radio"/> cortical <input type="radio"/> posterior subcapsular <input type="radio"/> other	<input type="radio"/> nuclear <input type="radio"/> cortical <input type="radio"/> posterior subcapsular <input type="radio"/> other	
Cell grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	

Flare grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Additional information for slit lamp exam		

**Dilated fundus examination**

Dilated fundus examination performed?	<input type="radio"/> no	<input type="radio"/> yes
<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>
Vitreous	<input type="radio"/> clear <input type="radio"/> cells <input type="radio"/> haze	<input type="radio"/> clear <input type="radio"/> cells <input type="radio"/> haze
Cell grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Flare grading	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0,5 (trace) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Optic disc: CDR		
OD optic disc: findings	<input type="radio"/> no findings	<input type="radio"/> no findings
Specify findings	<input type="checkbox"/> Swelling <input type="checkbox"/> pallor <input type="checkbox"/> other	<input type="checkbox"/> Swelling <input type="checkbox"/> pallor <input type="checkbox"/> other
Macula findings	<input type="radio"/> no findings	<input type="radio"/> no findings
Specify findings	<input type="checkbox"/> crystals <input type="checkbox"/> other	<input type="checkbox"/> crystals <input type="checkbox"/> other
Specify other		
Vessels	<input type="radio"/> normal <input type="radio"/> abnormal	<input type="radio"/> normal <input type="radio"/> abnormal

Specify vessel abnormality			
Retinal periphery	<input type="radio"/> normal <input type="radio"/> abnormal	<input type="radio"/> normal <input type="radio"/> abnormal	
Retinal periphery findings	<input type="checkbox"/> Pigment mottling <input type="checkbox"/> other	<input type="checkbox"/> Pigment mottling <input type="checkbox"/> other	Additional information

### Imaging and additional testing

*Imaging performed on both eyes if not indicated otherwise*

Slit lamp photography	<input type="radio"/> not performed	<input type="radio"/> performed	
Location	<input type="checkbox"/> cornea	<input type="checkbox"/> conjunctiva	<input type="checkbox"/> other
Fundus photography	<input type="radio"/> not performed	<input type="radio"/> performed	
OCT	<input type="radio"/> not performed	<input type="radio"/> performed	
OCT location	<input type="checkbox"/> anterior segment	<input type="checkbox"/> optic nerve	<input type="checkbox"/> macula
Pentacam	<input type="radio"/> not performed	<input type="radio"/> performed	
Additional imaging / testing	<input type="radio"/> not performed	<input type="radio"/> performed	
Endothelial cell count	<input type="radio"/> not performed	<input type="radio"/> performed	
<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>	
Number of cells per mm2	(RMS)	(RMS)	
USBM	<input type="radio"/> no	<input type="radio"/> yes	
Other corneal topography	<input type="radio"/> not performed	<input type="radio"/> performed	
Wavefront aberrometry	<input type="radio"/> not performed	<input type="radio"/> performed	
<b>Examination OD/OS</b>	<b>OD</b>	<b>OS</b>	
Higher Order Aberrations	(RMS)	(RMS)	
Electroretinography (ERG)	<input type="radio"/> no	<input type="radio"/> yes	
Other	<input type="radio"/> no	<input type="radio"/> yes	
Additional information			