I. Interim History

***Note**: To be completed by the clinic coordinator by directly questioning the patient. Sentences within quotes should be read verbatim to the patient.*

1. "Which of your eyes has better vision, or would you say there is no difference?"

   ( )$_0$ Right ( )$_1$ Left ( )$_2$ No Difference

2. "Are you aware of spots in your vision?"

   ( )$_1$ Yes ( )$_0$ No

   2.A. Which eyes have the reported spots:
   - a. Right only ( )$_0$
   - b. Left only ( )$_1$
   - c. Both eyes ( )$_2$
   - d. Not sure which eye ( )$_3$

3. Has the patient had any laser treatment to the retina other than CAPT IV treatment or FV12 treatment since the last CAPT visit?

   ( )$_1$ Yes ( )$_0$ No

   3.A. Specify type of laser treatment (check all that apply):

	Right	Left
a. Treatment of CNV with confluent laser burns	( )$_1$	( )$_1$
b. Treatment of CNV with photodynamic therapy	( )$_1$	( )$_1$
c. Treatment of vein occlusion	( )$_1$	( )$_1$
d. Other, specify below:		
1. _____	( )$_1$	( )$_1$
2. _____	( )$_1$	( )$_1$

4. Other treatment since last CAPT visit (for each eye check either "None" or all that apply):

	Right	Left
a. None	( )$_1$	( )$_1$
b. Lensectomy	( )$_1$	( )$_1$
c. Capsulotomy	( )$_1$	( )$_1$
d. IOL implant	( )$_1$	( )$_1$
e. Other, specify below:		
1. _____	( )$_1$	( )$_1$
2. _____	( )$_1$	( )$_1$

5. Print name and certification number of person who completed this section:

   _____ / __ __ __ __
   Name Cert#

6. Date Interim History was completed:

   __ __ - __ __ - __ __
   Month Day Year

Coord Ctr Use Only: Initials__ __ __ Date: __ __ - __ __ - __ __	Visit: __ __ Form: SV
	ID. No.: __ __ - __ __ __ - C Name Code: __ __ __ __ __

II. Visual Acuity Examination

NOTE: Visual acuity of each eye must be evaluated using the correction obtained during the last CAPT protocol refraction.

1. Snellen equivalent:

   a. Right eye: __ __ / __ __ __

   b. Left eye: __ __ / __ __ __

2. Date of visual acuity testing:

   __ __ - __ __ - __ __
   Month Day Year

III. Ophthalmological Evaluation

NOTE: Both eyes must be evaluated. If an angiogram is obtained, send it to the Reading Center with a Reading Center Exudative Event Form whether exudation is confirmed or not.

1. Is there ophthalmoscopic evidence of exudation in the right eye?
   ( )$_1$ Yes ( )$_0$ No

OBTAIN A FLUORESCEIN ANGIOGRAM AND SEND IT TO THE READING CENTER

1.A. Is the presence of CNV or serous PED confirmed on angiography? ( )$_1$ Yes ( )$_0$ No

1.A.a. Is this the first confirmation of exudation? ( )$_1$ Yes ( )$_0$ No

2. Is there ophthalmoscopic evidence of exudation in the left eye?
   ( )$_1$ Yes ( )$_0$ No

COMPLETE EXUDATIVE EVENT FORMS FOR THE COORDINATING AND READING CENTERS

OBTAIN A FLUORESCEIN ANGIOGRAM AND SEND IT TO THE READING CENTER

2.A. Is the presence of CNV or serous PED confirmed on angiography? ( )$_1$ Yes ( )$_0$ No

2.A.a. Is this the first confirmation of exudation? ( )$_1$ Yes ( )$_0$ No

3. Are there any ocular problems that could account for a decrease in visual acuity in either eye?
   ( )$_1$ Yes ( )$_0$ No

4. Print name and certification number of ophthalmologist:

   _____ / __ __ __ __
   Name Cert#

5. Date of ophthalmologic exam:

   __ __ - __ __ - __ __
   Month Day Year

COMPLETE EXUDATIVE EVENT FORMS FOR THE COORDINATING AND READING CENTERS

3.A. Check all that apply:	Right	Left
a. Cataract	( )$_1$	( )$_1$
b. Geographic atrophy	( )$_1$	( )$_1$
c. Other, specify below:		
1. _____	( )$_1$	( )$_1$
2. _____	( )$_1$	( )$_1$

Visit: __ __ Form: SV	ID. No.: __ __ - __ __ __ - C Name Code: __ __ __ __ __

IV. Administrative Matters

1. The next visit must be scheduled at this time, fill in date:

   __ __ - __ __ - __ __
   Month Day Year

2. Print name and certification number of clinic coordinator checking form for completeness:

   _____ / __ __ __ __
   Name Cert#

3. Date checked for completeness:

   __ __ - __ __ - __ __
   Month Day Year

INSTRUCTIONS FOR CLINIC COORDINATOR

SEND ORIGINALS TO COORDINATING CENTER

Coord Center Transmittal Log ❑
Safety Check Visit Form ❑

KEEP COPIES IN YOUR CLINIC FILES

All Data forms ❑
All Transmittal Logs ❑

Visit: __ __ Form: SV	ID. No.: __ __ - __ __ __ - C Name Code: __ __ __ __ __