



Comparison of Age-related Macular
 Degeneration Treatments Trials
Follow-up Ocular Assessment

ID. No.: ____ - ____ Alpha Code: ____
 Clinic #: ____ Week: ____

INSTRUCTIONS: Slit lamp examination and ophthalmoscopy of the STUDY eye are required at all study visits.

SLIT LAMP EXAMINATION

1 Are there any new or worsened abnormalities in the anterior structures since the last slit lamp examination? (check one)

₀ No

₁ Yes

₂ Slit lamp evaluation not done

Record on Adverse Event Recording Form.

1B. Reason slit lamp evaluation not done:

2. Findings of inflammation

2a. Aqueous Cell (check one)

₀ Zero

₁ Trace

₂ 1+

₃ 2+

₄ 3+

₅ 4+

2b. Aqueous Flare (check one)

₀ Zero

₁ Trace

₂ 1+

₃ 2+

₄ 3+

₅ 4+



Comparison of Age-related Macular
Degeneration Treatments Trials
Follow-up Ocular Assessment

ID. No.: ____ - ____ Alpha Code: ____ Clinic #: ____ Week: ____
--

2c. Vitreous Cell (check one)

- ₀ Zero
- ₁ Trace
- ₂ 1+
- ₃ 2+
- ₄ 3+
- ₅ 4+

3. Vitreous hemorrhage (check one)

- ₀ Zero
- ₁ Trace
- ₂ 1+
- ₃ 2+
- ₄ 3+
- ₅ 4+

4. Is there a posterior vitreal detachment? (check one)

- ₀ No
- ₁ Yes

INDIRECT OPHTHALMOSCOPY

5 In the study eye, are there any new or worsened abnormalities in the retina/retinal vessels, optic disc and macula since the last ophthalmoscopy? (check one)

- ₀ No
- ₁ Yes
- ₂ Ophthalmoscopy not done

Record on Adverse Event Recording Form.

5A. Reason ophthalmoscopy not done:



Comparison of Age-related Macular
Degeneration Treatments Trials
Follow-up Ocular Assessment

ID. No.: ____ - ____ Alpha Code: _____
Clinic #: ____ Week: ____

6. Is a retinal break present? (check one)

- ₀ No
₁ Yes

7. Is a retinal detachment present? (check one)

- ₀ No
₁ Yes →

7A. Is it a serous detachment of the macula only? (check one)

₀ No
₁ Yes

8. Has there been any treatment for CNV in the **NON-STUDY** eye since the last CATT visit or will there be CNV treatment today in the **NON-STUDY** eye?

- ₀ No
₁ Yes →

8A. Specify CNV Treatment in **Non-Study** eye: (check all that apply)

a. Lucentis™ ()₁
b. Avastin® ()₁
c. PDT ()₁
d. Triamcinolone ()₁
e. Macugen ()₁
f. VEGF trap ()₁
g. Thermal laser ()₁
h. Other, specify below:

1. _____ ()₁

9. Date of Examination

___ / ___ / 20___
Month Day Year

10. Signature of Ophthalmologist performing examination

Signature of Examining Ophthalmologist Date



Comparison of Age-related Macular
Degeneration Treatments Trials
Follow-up Ocular Assessment

ID. No.: ____ - ____ Alpha Code: ____
Clinic #: ____ Week: ____

11. Initials and certification number of person who completed this form

a. Initials: ____

b. Certification #: ____