WHO/PBL EYE EXAMINATION RECORD FOR CHILDREN WITH BLINDNESS AND LOW VISION

A.1 CENSUS - BLIND SCHOOL / HOSPITAL STUDIES

Country no ☐☐☐ (1-3) Sch/Hosp no ☐☐☐ (4-5) Child no. ☐☐☐☐☐ (6-8)

Sch/Hosp: _____ City/town: _____

OR

A.2 CENSUS - POPULATION BASED SURVEYS

Country No. ☐☐☐ (1-3) Cluster No. ☐☐☐ (4-6)

Household No. ☐☐☐ (7-9) Child No. ☐☐ (10-11)

B. PERSONAL DETAILS OF CHILD

Name: _____

Home Town/Village: _____

Ethnic group (optional): _____

Age: ☐☐ (12-13) In months (0-11 months)

☐☐ (14-15) In years (1-15yr olds)

Sex: ☐ Male ☐ Female (16)

Age at onset of visual loss: ☐☐ (17-18)

00 Since birth
88 First Year of life
01-15 in Years
99 Unknown

Family history:
Is there a family history of the same condition?
☐ Yes ☐ No ☐ Unknown (19)

If yes, who is similarly affected? _____

Is there a history of consanguinity? ☐ Yes ☐ No ☐ Unknown (20)

If yes, relationship: _____

C. VISUAL ASSESSMENT

1) Distance Vision: With present glasses ☐ unaided ☐ (21)

Test each eye separately, then together.

	Right	Left	Right & Left
6/6 - 6/18	☐	☐	☐
less than 6/18 - 6/60	☐	☐	☐
less than 6/60 - 3/60	☐	☐	☐
less than 3/60 - PL	☐	☐	☐
No light perception	☐	☐	☐
Cannot be tested			
Believed sighted	☐	☐	
Believed blind	☐	☐	
	(22)	(23)	(24)

2) Functional Vision: Test with both eyes together

		Yes	No	Not Tested
Can see to walk around	(25)	☐	☐	☐
Can recognise faces	(26)	☐	☐	☐
Can see print	(27)	☐	☐	☐
Believed useful residual Vision	(28)	☐	☐	☐

3) Visual Fields: Test each eye separately

	Right	Left
Full field	☐	☐
Hemianopia	☐	☐
Constricted to less than 10°	☐	☐
Other field loss	☐	☐
Cannot test	☐	☐
Not tested	☐	☐
	(29)	(30)

Specify type of test _____

D. GENERAL ASSESSMENT

Additional disabilty — *Tick all that apply*

None	(31)	☐
Hearing loss	(32)	☐
Mental retardation	(33)	☐
Physical handicap	(34)	☐
Epilepsy	(35)	☐
Other	(36)	☐

Specify _____

E. PREVIOUS EYE SURGERY

Tick all that apply

	Right		Left	
None	(37)	☐	(38)	☐
Glaucoma	(39)	☐	(40)	☐
Cataract	(41)	☐	(42)	☐
Corneal Graft	(43)	☐	(44)	☐
Optical Iridectomy	(45)	☐	(46)	☐
Removed	(47)	☐	(48)	☐
Surgery, type unknown	(49)	☐	(50)	☐
Other,	(51)	☐	(52)	☐

Specify _____

Please give full details including dates, if available,

Right eye _____ Left eye _____

F. EYE EXAMINATION - Site of ABNORMALITY leading to VISUAL LOSS

For each eye mark one major abnormality
And all others that contribute to visual loss

	Right Eye Major	Right Eye Others	Left Eye Major	Left Eye Others
Whole globe:	(53)		(89)	
Phthisis	☐	☐ (54)	☐	☐ (90)
Anophthalmos	☐	☐ (55)	☐	☐ (91)
Microphthalmos	☐	☐ (56)	☐	☐ (92)
Buphthalmos	☐	☐ (57)	☐	☐ (93)
Glaucoma	☐	☐ (58)	☐	☐ (94)
Removed	☐	☐ (59)	☐	☐ (95)
Disorganised	☐	☐ (60)	☐	☐ (96)
Other	☐	☐ (61)	☐	☐ (97)
Cornea:				
Staphyloma	☐	☐ (62)	☐	☐ (98)
Scar	☐	☐ (63)	☐	☐ (99)
Keratoconus	☐	☐ (64)	☐	☐ (100)
Dystrophy	☐	☐ (65)	☐	☐ (101)
Other Opacity	☐	☐ (66)	☐	☐ (102)
Lens:				
Cataract	☐	☐ (67)	☐	☐ (103)
Aphakia	☐	☐ (68)	☐	☐ (104)
Other	☐	☐ (69)	☐	☐ (105)
Uvea:				
Aniridia	☐	☐ (70)	☐	☐ (106)
Coloboma	☐	☐ (71)	☐	☐ (107)
Uveitis	☐	☐ (72)	☐	☐ (108)
Other	☐	☐ (73)	☐	☐ (109)
Retina:				
Dystrophy	☐	☐ (74)	☐	☐ (110)
Albinism	☐	☐ (75)	☐	☐ (111)
ROP	☐	☐ (76)	☐	☐ (112)
Retinoblastoma	☐	☐ (77)	☐	☐ (113)
Other	☐	☐ (78)	☐	☐ (114)
Optic Nerve:				
Atrophy	☐	☐ (79)	☐	☐ (115)
Hypoplasia	☐	☐ (80)	☐	☐ (116)
Other	☐	☐ (81)	☐	☐ (117)
Other, not listed	☐	☐ (82)	☐	☐ (118)

Globe appears normal (complete after refraction see Section G

Refractive error	☐	☐ (83)	☐	☐ (119)
Amblyopia	☐	☐ (84)	☐	☐ (120)
Cortical blindness	☐	☐ (85)	☐	☐ (121)
Idiopathic nystagmus	☐	☐ (86)	☐	☐ (122)
Normal vision	☐	☐ (87)	☐	☐ (123)
Not examined	☐	(88a)	☐	(88b)

THE MAJOR SITE OF ABNORMALITY LEADING TO VISUAL LOSS FOR THE CHILD (124)

SELECT RIGHT **OR** LEFT EYE ☐ Right ☐ Left

G. REFRACTION/LOW VISION AID ASSESSMENT

	Yes	No	Not indicated	Not done
Vision improves with a pinhole	☐ (125)	☐	☐	☐
Refraction performed now	☐ (126)	☐		
Vision assessed with low vision aid	☐ (127)	☐	☐	

1) If refraction performed, visual acuity with corrective lenses

Distance: Test each eye separately, then together

	Right	Left	Right & Left
6/5 - 6/18	☐	☐	☐
Less than 6/18 - 6/60	☐	☐	☐
Less than 6/60 - 3/60	☐	☐	☐
Less than 3/60	☐	☐	☐
	(128)	(129)	(130)

Specify corrective lenses and visual acuity

Right eye _____ VA _____

Left eye _____ VA _____

Near: Test with both eyes together

	Yes	No
Can discern print/ symbols equal to Or smaller than 5mm (≤5mm)	(131) ☐	☐

☐ ○ △ Example of 5mm symbols

2) If assessed with low vision aid (LVA), visual acuity with LVA:

Distance:

Specify type of LVA and visual acuity

Right eye _____ VA _____

Left eye _____ VA _____

Near:

Specity type of LVA and near acuity

Right eye _____ VA _____

Left eye _____ VA _____

	Right	Left
Can discern print ≤5mm	☐	☐
Can discern print >5mm	☐	☐
Cannot discern print	☐	☐
	(132)	(133)

H. EYE EXAMINATION - AETIOLOGY OF VISUAL LOSS

Select one of the categories 1-5 for each eye

Tick all that apply within the selected category.

		Right eye Definite	Right eye Suspect	Left eye Definite	Left eye Suspect
1) Hereditary Disease:	Chromosomal	(134) ☐	☐	(135) ☐	☐
	Mitochondrial	(136) ☐	☐	(137) ☐	☐
	Autosomal dominant	(138) ☐	☐	(139) ☐	☐
	Autosomal recessive	(140) ☐	☐	(141) ☐	☐
	X-linked	(142) ☐	☐	(143) ☐	☐
	Cannot Specify	(144) ☐		(145) ☐	
2) Intrauterine factor:	Rubella	(146) ☐	☐	(147) ☐	☐
	Toxoplasmosis	(148) ☐	☐	(149) ☐	☐
	Drugs/alcohol	(150) ☐	☐	(151) ☐	☐
	Other, Specify _____	(152) ☐	☐	(153) ☐	☐
3) Perinatal/ Neonatal factor:	Cerebral hypoxia/injury	(154) ☐	☐	(155) ☐	☐
	R.O.P	(156) ☐	☐	(157) ☐	☐
	Ophthalmia neonatorum	(158) ☐	☐	(159) ☐	☐
	Other, Specify _____	(160) ☐	☐	(161) ☐	☐
4) Postnatal/ Infancy/ Childhood factor:	Vitamin A deficiency	(162) ☐	☐	(163) ☐	☐
	Measles	(164) ☐	☐	(165) ☐	☐
	Neoplasm	(166) ☐	☐	(167) ☐	☐
	Trauma	(168) ☐	☐	(169) ☐	☐
	Harmful Trad. Practices	(170) ☐	☐	(171) ☐	☐
	Other, Specify _____	(172) ☐	☐	(173) ☐	☐
5) Cannot determine (unknown aetiology)	Cataract	(174) ☐		(175) ☐	
	Glaucoma/Buphthalmos	(176) ☐		(177) ☐	
	Retinoblastoma, no FH	(178) ☐		(179) ☐	
	Abnormality since birth	(180) ☐		(181) ☐	
	Specify _____				
	Other, Specify _____	(182) ☐		(183) ☐	

THE MAIN AETIOLOGY OF VISUAL LOSS FOR THE CHILD

SELECT **ONE** FROM POSTIONS 134-183 [_ _ _] (184)

1. ACTION NEEDED

1) Optical — *Tick all that apply*

- None (185) ☐
- Refraction later (186) ☐
- Spectacles (187) ☐
- Low Vision Aid (188) ☐

2) Medical/ Surgical — *Tick all that apply*

- None (189) ☐
- Medication (190) ☐
- Surgery (191) ☐
- Specify _____
- Other (192)
- Specify _____

J. PROGNOSIS FOR VISION

Tick one box only for each eye

	Right eye	Left eye
Could be improved	☐	☐
Likely to remain stable	☐	☐
Likely to deteriorate	☐	☐
	(193)	(194)

K. EDUCATION

1) Present Schooling — Tick one box only

- Special school for the blind ☐
- Special school for the multiple handicapped ☐
- Integrated education ☐
- None ☐
- Other ☐
- Specify (195) _____

2) Recommendations

	Yes	No
Change in schooling recommended	(196) ☐	☐

Specify _____

L. FULL DIAGNOSIS

Specify full anatomical and aetiological diagnosis:

Right eye:

_____

_____

_____

Left eye:

_____

_____

M. EXAMINER:

Examined by

_____

Date (month) ☐☐ (year) ☐☐☐☐ (197-200)