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

A.1 CENSUS - BLIND SCHOOL / HOSPITAL STUDIES

Country No. ☐☐☐ (1-3) School/Hospital No. ☐☐ (4-5) Child No. ☐☐☐ (6-8)

School/Hospital ____________________

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: ____________________

Age: ☐☐ (12-13) In months (0-1yr olds)
☐☐ (14-15) In years (1-15yr olds)

Sex: ☐ (16) Male = 1, Female = 2

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?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
(19)

If yes, who is similarly affected? ____________________

Consanguinity
Is there a history of consanguinity?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
(20)

C. VISUAL ASSESSMENT

1) Distance Vision: With present glasses ☐ 1
unaided ☐ 2
(21)

Test each eye separately, then together.

	Right		Left	Right & Left
6/6 - 6/18	☐	1	☐	☐
less than 6/18 - 6/60	☐	2	☐	☐
less than 6/60 - 3/60	☐	3	☐	☐
less than 3/60 - PL	☐	4	☐	☐
No light perception	☐	5	☐	☐
Cannot be tested				
Believed sighted	☐	6	☐	
Believed blind	☐	7	☐	
	(22)		(23)	(24)

2) Functional Vision: Test with both eyes together

		Yes	No	Not Tested
Can see to walk around	(25)	☐ 1	☐ 2	☐ 3
Can recognise faces	(26)	☐	☐	☐
Can see print	(27)	☐	☐	☐
Believed useful residual Vision	(28)	☐	☐	☐

3) Visual Fields: Test each eye separately

	Right		Left
Full field	☐	1	☐
Hemianopia	☐	2	☐
Constricted to less than 10°	☐	3	☐
Other field loss	☐	4	☐
Cannot test	☐	5	☐
Not tested	☐	6	☐
	(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	☐	1	☐	(54)	☐	1	☐	(90)
Anophthalmos	☐	2	☐	(55)	☐	2	☐	(91)
Microphthalmos	☐	3	☐	(56)	☐	3	☐	(92)
Buphthalmos	☐	4	☐	(57)	☐	4	☐	(93)
Glaucoma	☐	5	☐	(58)	☐	5	☐	(94)
Removed	☐	6	☐	(59)	☐	6	☐	(95)
Disorganised	☐	7	☐	(60)	☐	7	☐	(96)
Other	☐	8	☐	(61)	☐	8	☐	(97)
Cornea:								
Staphyloma	☐	9	☐	(62)	☐	9	☐	(98)
Scar	☐	10	☐	(63)	☐	10	☐	(99)
Keratoconus	☐	11	☐	(64)	☐	11	☐	(100)
Dystrophy	☐	12	☐	(65)	☐	12	☐	(101)
Other Opacity	☐	13	☐	(66)	☐	13	☐	(102)
Lens:								
Cataract	☐	14	☐	(67)	☐	14	☐	(103)
Aphakia	☐	15	☐	(68)	☐	15	☐	(104)
Other	☐	16	☐	(69)	☐	16	☐	(105)
Uvea:								
Aniridia	☐	17	☐	(70)	☐	17	☐	(106)
Coloboma	☐	18	☐	(71)	☐	18	☐	(107)
Uveitis	☐	19	☐	(72)	☐	19	☐	(108)
Other	☐	20	☐	(73)	☐	20	☐	(109)
Retina:								
Dystrophy	☐	21	☐	(74)	☐	21	☐	(110)
Albinism	☐	22	☐	(75)	☐	22	☐	(111)
ROP	☐	23	☐	(76)	☐	23	☐	(112)
Retinoblastoma	☐	24	☐	(77)	☐	24	☐	(113)
Other	☐	25	☐	(78)	☐	25	☐	(114)
Optic Nerve:								
Atrophy	☐	26	☐	(79)	☐	26	☐	(115)
Hypoplasia	☐	27	☐	(80)	☐	27	☐	(116)
Other	☐	28	☐	(81)	☐	28	☐	(117)
Other, not listed	☐	29	☐	(82)	☐	29	☐	(118)

Globe appears normal (complete after refraction see Section G

	Right Eye Major		Right Eye Others		Left Eye Major		Left Eye Others	
Refractive error	☐	30	☐	(83)	☐	30	☐	(119)
Amblyopia	☐	31	☐	(84)	☐	31	☐	(120)
Cortical blindness	☐	32	☐	(85)	☐	32	☐	(121)
Idiopathic nystagmus	☐	33	☐	(86)	☐	33	☐	(122)
Normal vision	☐	34	☐	(87)	☐	34	☐	(123)
Not examined	☐	99	(88a)		☐	99	(88b)	

THE MAJOR SITE OF ABNORMALITY LEADING TO VISUAL LOSS FOR THE CHILD

SELECT RIGHT **OR** LEFT EYE
(124)
☐ Right
☐ Left

G. REFRACTION/LOW VISION AID ASSESSMENT

	Yes	No	Not indicated	Not done
Vision improves with a pinhole	1 ☐ (125)	☐ 2	☐ 3	☐ 4
Refraction performed now	1 ☐ (126)	☐ 2		
Vision assessed with low vision aid	1 ☐ (127)	☐ 2	☐ 3	

1) If refraction performed, visual acuity with corrective lenses

Distance: Test each eye separately, then together

	Right	Left	Right & Left
6/5 - 6/18	☐ 1	☐	☐
Less than 6/18 - 6/60	☐ 2	☐	☐
Less than 6/60 - 3/60	☐ 3	☐	☐
Less than 3/60	☐ 4	☐	☐
	(128)	(129)	(130)

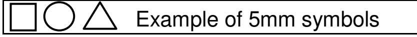
Specify corrective lenses and visual acuity

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) ☐ 1	☐ 2



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	☐ 1	☐
Can discern print >5mm	☐ 2	☐
Cannot discern print	☐ 3	☐
	(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.

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

THE MAIN AETIOLOGY OF VISUAL LOSS FOR THE CHILD

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

I. 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	☐ 1	☐ 1
Likely to remain stable	☐ 2	☐ 2
Likely to deteriorate	☐ 3	☐ 3
	(193)	(194)

☐

K. EDUCATION

1) Present Schooling — Tick one box only

Special school for the blind	☐ 1
Special school for the multiple handicapped	☐ 2
Integrated education	☐ 3
None	☐ 4
Other	☐ 5
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)