

RAPID ASSESSMENT FOR AVOIDABLE BLINDNESS

A. GENERAL INFORMATION

Survey area: _____ Cluster: _____ Year - month: _____ - _____
 Name: _____ Sex: Male: (1) Individual no.: _____
 Female: (2) Age (years): _____

Optional 1:
 Optional 2:

Examination status:

Examined: (1) (go to B) Refused: (3) (go to E)
 Not available: (2) (go to E) Not able to communicate: (4) (go to E)

Always ask: "Did you ever have any problems with your eyes?" Yes: (1) No: (2)

If not available - details (availability / tel number / address)

B. VISION

Uses distance glasses: No: (1) Yes: (2)
 Uses reading glasses: No: (1) Yes: (2)

Presenting vision	Right eye	Left eye
Can see 0,3	<input type="radio"/> (1)	<input type="radio"/> (1)
Cannot see 0,3 but can see 0,5	<input type="radio"/> (2)	<input type="radio"/> (2)
Cannot see 0,5 but can see 1,0	<input type="radio"/> (3)	<input type="radio"/> (3)
Cannot see 1,0 but can see 1,3	<input type="radio"/> (4)	<input type="radio"/> (4)
Cannot see 1,3 but can see 1,8	<input type="radio"/> (5)	<input type="radio"/> (5)
Light perception (PL+: 3)	<input type="radio"/> (6)	<input type="radio"/> (6)
No light perception (PL-: 4)	<input type="radio"/> (7)	<input type="radio"/> (7)

Pinhole vision	Right eye	Left eye
Can see 0,3	<input type="radio"/> (1)	<input type="radio"/> (1)
Cannot see 0,3 but can see 0,5	<input type="radio"/> (2)	<input type="radio"/> (2)
Cannot see 0,5 but can see 1,0	<input type="radio"/> (3)	<input type="radio"/> (3)
Cannot see 1,0 but can see 1,3	<input type="radio"/> (4)	<input type="radio"/> (4)
Cannot see 1,3 but can see 1,8	<input type="radio"/> (5)	<input type="radio"/> (5)
Light perception (PL+: 3)	<input type="radio"/> (6)	<input type="radio"/> (6)
No light perception (PL-: 4)	<input type="radio"/> (7)	<input type="radio"/> (7)

E. HISTORY, IF NOT EXAMINED

(From relative or neighbour)

Believed	Right eye	Left eye
Not blind	<input type="radio"/> (1)	<input type="radio"/> (1)
Blind due to cataract	<input type="radio"/> (2)	<input type="radio"/> (2)
Blind due to other causes	<input type="radio"/> (3)	<input type="radio"/> (3)
Operated for cataract	<input type="radio"/> (4)	<input type="radio"/> (4)

F. WHY CATARACT SURGERY WAS NOT DONE

(Mark up to 2 responses, if VA>0.5, not improving with pinhole, with visually impairing lens opacity in one or both eyes)

Need not felt	<input type="radio"/> (1)
Fear of surgery or poor result	<input type="radio"/> (2)
Cannot afford operation	<input type="radio"/> (3)
Treatment denied by provider	<input type="radio"/> (4)
Unaware that treatment is possible	<input type="radio"/> (5)
No access to treatment	<input type="radio"/> (6)
Local reason (optional)	<input type="radio"/> (7)

C. LENS EXAMINATION

	Right eye	Left eye
Normal lens / minimal lens opacity:	<input type="radio"/> (1)	<input type="radio"/> (1)
Obvious lens opacity:	<input type="radio"/> (2)	<input type="radio"/> (2)
Lens absent (aphakia):	<input type="radio"/> (3)	<input type="radio"/> (3)
Pseudophakia without PCO:	<input type="radio"/> (4)	<input type="radio"/> (4)
Pseudophakia with PCO:	<input type="radio"/> (5)	<input type="radio"/> (5)
No view of lens:	<input type="radio"/> (6)	<input type="radio"/> (6)

D. MAIN CAUSE OF PRESENTING VA>0.3

(Mark only one cause for each eye)

	Right eye	Left eye	Principal cause in person
Refractive error:	<input type="radio"/> (1)	<input type="radio"/> (1)	<input type="radio"/> (1)
Aphakia, uncorrected:	<input type="radio"/> (2)	<input type="radio"/> (2)	<input type="radio"/> (2)
Cataract, untreated:	<input type="radio"/> (3)	<input type="radio"/> (3)	<input type="radio"/> (3) (F)
Cataract surg. complications:	<input type="radio"/> (4)	<input type="radio"/> (4)	<input type="radio"/> (4)
Trachoma corneal opacity:	<input type="radio"/> (5)	<input type="radio"/> (5)	<input type="radio"/> (5)
Other corneal opacity:	<input type="radio"/> (6)	<input type="radio"/> (6)	<input type="radio"/> (6)
Phthisis:	<input type="radio"/> (7)	<input type="radio"/> (7)	<input type="radio"/> (7)
Onchocerciasis:	<input type="radio"/> (8)	<input type="radio"/> (8)	<input type="radio"/> (8)
Glaucoma:	<input type="radio"/> (9)	<input type="radio"/> (9)	<input type="radio"/> (9)
Diabetic retinopathy:	<input type="radio"/> (10)	<input type="radio"/> (10)	<input type="radio"/> (10)
ARMD:	<input type="radio"/> (11)	<input type="radio"/> (11)	<input type="radio"/> (11)
Other posterior segment:	<input type="radio"/> (12)	<input type="radio"/> (12)	<input type="radio"/> (12)
All globe/CNS abnormalities:	<input type="radio"/> (13)	<input type="radio"/> (13)	<input type="radio"/> (13)
Not examined: can see 0.3	<input type="radio"/> (14)	<input type="radio"/> (14)	<input type="radio"/> (14)

G. DETAILS ABOUT CATARACT OPERATION

	Right eye	Left eye
Age at operation (years)	<input type="checkbox"/>	<input type="checkbox"/>
Place of operation		
Government hospital	<input type="radio"/> (1)	<input type="radio"/> (1)
Voluntary / charitable hospital	<input type="radio"/> (2)	<input type="radio"/> (2)
Private hospital	<input type="radio"/> (3)	<input type="radio"/> (3)
Eye camp / improvised setting	<input type="radio"/> (4)	<input type="radio"/> (4)
Traditional setting	<input type="radio"/> (5)	<input type="radio"/> (5)
Type of surgery		
Non IOL	<input type="radio"/> (1)	<input type="radio"/> (1)
IOL implant	<input type="radio"/> (2)	<input type="radio"/> (2)
Couching	<input type="radio"/> (3)	<input type="radio"/> (3)
Cost of surgery		
Totally free	<input type="radio"/> (1)	<input type="radio"/> (1)
Partially free	<input type="radio"/> (2)	<input type="radio"/> (2)
Fully paid	<input type="radio"/> (3)	<input type="radio"/> (3)
Cause of VA>0.3 after cataract surgery		
Ocular comorbidity (Selection)	<input type="radio"/> (1)	<input type="radio"/> (1)
Operative complications (Surgery)	<input type="radio"/> (2)	<input type="radio"/> (2)
Refractive error (Spectacles)	<input type="radio"/> (3)	<input type="radio"/> (3)
Longterm complications (Sequelae)	<input type="radio"/> (4)	<input type="radio"/> (4)
Does not apply - can see 0.3	<input type="radio"/> (5)	<input type="radio"/> (5)