

		मैले चाहेको खण्डमा कुनै पनि बेला यो अनुसन्धान प्रक्रियाबाट बहिरिन पाउने भन्ने कु रा मैले बुझेको छु । यसको लागि मैले कुनै कारण दिनु नपने र त्यसबाट मैले पाउने सेवा र मेरो कानुनी अचधकारमा असर नपने समेत मलाई बुझाईएको छ । यस अनुसन्धानको प्रतिबेदन वा सम्बन्धित प्रकासित कृतिहरुमा मेरो कुनै व्यक्तिगत परिचय खुल्ने जानकारी प्रकासित हुने छैन भन्ने कु रा मैले बुझेको छु । यी सबै कु राहरु जानी-बुझी, म यस अध्ययन-अनुसन्धानमा सहभागी हुन सोइच्छाले राजी भई यो सु-सूचित मन्जुरीनामामा सही छाप गरेको छु । I have read the information in this consent form including risks and possible benefits. All my questions about the research have been answered to my satisfaction. I understand that I am free to withdraw at any time without penalty or loss of benefits to which I am otherwise entitled. I consent to participate in the study. Do you consent to participate in this study? (for participants above 18 years) Or do you give consent to allow your child to participate in this study? (for participants below 18 years)													
56	[sign] Show the field ONLY if: [participant_consent] = '1'	Signature	file (signature), Required, Identifier Custom alignment: RH												
57	[site_name]	A. PARTICIPATING SITE DETAILS Site hospital name	radio, Required, Identifier <table><tr><td>1</td><td>1. BPKLCOS (BP Eye Centre)</td></tr><tr><td>2</td><td>2. HEH (Himalaya Eye Hospital)</td></tr><tr><td>3</td><td>3. MEH (Mechi Eye Hospital)</td></tr><tr><td>4</td><td>4. DECS (Drishhti Eye Care System)</td></tr><tr><td>5</td><td>5. BEH (Bharatpur Eye Hospital)</td></tr><tr><td>-999</td><td>Others</td></tr></table>	1	1. BPKLCOS (BP Eye Centre)	2	2. HEH (Himalaya Eye Hospital)	3	3. MEH (Mechi Eye Hospital)	4	4. DECS (Drishhti Eye Care System)	5	5. BEH (Bharatpur Eye Hospital)	-999	Others
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5	5. BEH (Bharatpur Eye Hospital)														
-999	Others														
58	[name_data_recorder]	Name of Data Recorder	text, Required, Identifier Custom alignment: RH												
59	[sign_data_recorder] Show the field ONLY if: [name_data_recorder]<> ''	Signature/Initial of data recorder	file (signature), Required, Identifier Custom alignment: RH												
60	[site_code_bpklocs] Show the field ONLY if: [site_name] = '1'	BPKLCOS Site Code (1-100)	text (integer, Min: 1, Max: 100), Required, Identifier												
61	[site_code_heh] Show the field ONLY if: [site_name] = '2'	HEH Site Code (101-200)	text (integer, Min: 101, Max: 200), Required, Identifier												
62	[site_code_meh] Show the field ONLY if: [site_name] = '3'	MEH Site Code (201-300)	text (integer, Min: 201, Max: 300), Required, Identifier												
63	[site_code_decs] Show the field ONLY if: [site_name] = '3'	DECS Site Code (301-400)	text (integer, Min: 301, Max: 400), Identifier												
64	[site_code_beh] Show the field ONLY if: [site_name] = '5'	BEH Site Code (401-500)	text (integer, Min: 401, Max: 500), Required, Identifier												
65	[site_code_other] Show the field ONLY if: [site_name] = '-999'	Other Site Code (501-600)- Name of Hospital and code	text, Required, Identifier												
66	[site_pt_opd]	B. PARTICIPATING PATIENT'S DETAILS B1. Patient OPD no or IP no or EMR no at the site hospital	text, Required												

	67	[subject_name]	B2. Patient's Full name	text, Required																										
	68	[birth_date]	B3 Date of Birth (D-M-Y)	text (date_dmy), Required																										
	69	[are_you_male_or_female]	B4 Are you male or female?	radio, Required <table><tr><td>Male</td><td>Male</td></tr><tr><td>Female</td><td>Female</td></tr></table>			Male	Male	Female	Female																				
Male	Male																													
Female	Female																													
	70	[age_symptom_onsett]	B5 Age at the onset of eye symptom	radio, Required <table><tr><td>1</td><td colspan="2">0-1 month (neonate)</td></tr><tr><td>2</td><td colspan="2">>1 month-1 year (infant)</td></tr><tr><td>3</td><td colspan="2">>1-18 years (children)</td></tr><tr><td>4</td><td colspan="2">>18 - 40 years (young adult)</td></tr><tr><td>5</td><td colspan="2">>40 - 65 years (middle-aged adult)</td></tr><tr><td>6</td><td colspan="2">>65 years (seniors/elderly)</td></tr></table>			1	0-1 month (neonate)		2	>1 month-1 year (infant)		3	>1-18 years (children)		4	>18 - 40 years (young adult)		5	>40 - 65 years (middle-aged adult)		6	>65 years (seniors/elderly)							
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6	>65 years (seniors/elderly)																													
	71	[informant_participant_relationship]	B6. Informant participant relationship type	checkbox, Required <table><tr><td>Mother</td><td>informant_participant_rela__mother</td><td>Mother</td></tr><tr><td>Father</td><td>informant_participant_rela__father</td><td>Father</td></tr><tr><td>Guardian</td><td>informant_participant_rela__guardian</td><td>Guardian</td></tr><tr><td>Teacher</td><td>informant_participant_rela__teacher</td><td>Teacher</td></tr><tr><td>5</td><td>informant_participant_rela__5</td><td>Family member</td></tr><tr><td>Friend</td><td>informant_participant_rela__friend</td><td>Friend</td></tr><tr><td>6</td><td>informant_participant_rela__6</td><td>Self</td></tr><tr><td>-999</td><td>informant_participant_rela__999</td><td>Other (Specify)</td></tr></table>			Mother	informant_participant_rela__mother	Mother	Father	informant_participant_rela__father	Father	Guardian	informant_participant_rela__guardian	Guardian	Teacher	informant_participant_rela__teacher	Teacher	5	informant_participant_rela__5	Family member	Friend	informant_participant_rela__friend	Friend	6	informant_participant_rela__6	Self	-999	informant_participant_rela__999	Other (Specify)
Mother	informant_participant_rela__mother	Mother																												
Father	informant_participant_rela__father	Father																												
Guardian	informant_participant_rela__guardian	Guardian																												
Teacher	informant_participant_rela__teacher	Teacher																												
5	informant_participant_rela__5	Family member																												
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6	informant_participant_rela__6	Self																												
-999	informant_participant_rela__999	Other (Specify)																												
	72	[other_informant] Show the field ONLY if: [informant_participant_rela(-999)] = '1'	Other	text																										
	73	[guardian_s_name] Show the field ONLY if: [age_symptom_onsett] = '1' or [age_symptom_onsett] = '2' or [age_symptom_onsett] = '3'	B7. Guardian's Full Name (If patient is < 18 years)	text																										
	74	[contact_s_telephone_number]	B8. Contact's telephone number <i>can use for future communication</i>	text (number), Required																										
	75	[email_add_2]	B9. Email Address <i>can use the mail for future communication</i>	text (email), Identifier																										
	76	[weight]	B10. Weight of the patient (kg)	text (number, Min: 2, Max: 120), Required																										
	77	[person_education_level_summary]	B11. Person Education Level Summary Type	radio, Required <table><tr><td>1</td><td colspan="2">Primary level upto grade 6</td></tr><tr><td>2</td><td colspan="2">Secondary level grade 7-10</td></tr><tr><td>3</td><td colspan="2">Higher Secondary level grade 12</td></tr><tr><td>4</td><td colspan="2">Bachelor's Degree</td></tr><tr><td>5</td><td colspan="2">Master's Degree</td></tr><tr><td>6</td><td colspan="2">No Formal Schooling</td></tr></table>			1	Primary level upto grade 6		2	Secondary level grade 7-10		3	Higher Secondary level grade 12		4	Bachelor's Degree		5	Master's Degree		6	No Formal Schooling							
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4	Bachelor's Degree																													
5	Master's Degree																													
6	No Formal Schooling																													
	78	[occupation_primary_statuses]	B12. Occupation primary status	checkbox, Required <table><tr><td>4</td><td>occupation_primary_status__4</td><td>1. Student</td></tr><tr><td>5</td><td>occupation_primary_status__5</td><td>2. Housewife</td></tr><tr><td>6</td><td>occupation_primary_status__6</td><td>3. Service-O bank</td></tr><tr><td>7</td><td>occupation_primary_status__7</td><td>4. Teacher</td></tr><tr><td>8</td><td>occupation_primary_status__8</td><td>5. Farmer</td></tr><tr><td>9</td><td>occupation_primary_status__9</td><td>6. Retired</td></tr></table>			4	occupation_primary_status__4	1. Student	5	occupation_primary_status__5	2. Housewife	6	occupation_primary_status__6	3. Service-O bank	7	occupation_primary_status__7	4. Teacher	8	occupation_primary_status__8	5. Farmer	9	occupation_primary_status__9	6. Retired						
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9	occupation_primary_status__9	6. Retired																												

				<table><tr><td>10</td><td>occupation_primary_status__10</td><td>7. Unemploy</td></tr><tr><td>-999</td><td>occupation_primary_status__999</td><td>Others {other_occu</td></tr></table>	10	occupation_primary_status__10	7. Unemploy	-999	occupation_primary_status__999	Others {other_occu																						
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-999	occupation_primary_status__999	Others {other_occu																														
79	[other_occupation] Show the field ONLY if: [occupation_primary_status(-999)] = '1'	Other occupation	text																													
80	[province_name]	C. DEMOGRAPHIC DETAILS C1. Province	radio, Required <table><tr><td>1</td><td>1. Koshi</td></tr><tr><td>2</td><td>2. Madhesh</td></tr><tr><td>3</td><td>3. Bagmati</td></tr><tr><td>4</td><td>4. Gandaki</td></tr><tr><td>5</td><td>5. Lumbini</td></tr><tr><td>6</td><td>6. Karnali</td></tr><tr><td>7</td><td>7. Sudurpashchim</td></tr></table>		1	1. Koshi	2	2. Madhesh	3	3. Bagmati	4	4. Gandaki	5	5. Lumbini	6	6. Karnali	7	7. Sudurpashchim														
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5	5. Lumbini																															
6	6. Karnali																															
7	7. Sudurpashchim																															
81	[district_province_1] Show the field ONLY if: [province_name] = '1'	C2. Districts of Koshi Province	dropdown, Required <table><tr><td>1</td><td>Bhojpur</td></tr><tr><td>2</td><td>Dhankuta</td></tr><tr><td>3</td><td>Ilam</td></tr><tr><td>4</td><td>Jhapa</td></tr><tr><td>5</td><td>Khotang</td></tr><tr><td>6</td><td>Morang</td></tr><tr><td>7</td><td>Okhaldhunga</td></tr><tr><td>8</td><td>Panchthar</td></tr><tr><td>9</td><td>Sankhuwasabha</td></tr><tr><td>10</td><td>Solukhumbu</td></tr><tr><td>11</td><td>Sunsari</td></tr><tr><td>12</td><td>Taplejung</td></tr><tr><td>13</td><td>Tehrathum</td></tr><tr><td>14</td><td>Udayapur</td></tr></table> Question number: Province 1		1	Bhojpur	2	Dhankuta	3	Ilam	4	Jhapa	5	Khotang	6	Morang	7	Okhaldhunga	8	Panchthar	9	Sankhuwasabha	10	Solukhumbu	11	Sunsari	12	Taplejung	13	Tehrathum	14	Udayapur
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82	[district_province_2] Show the field ONLY if: [province_name] = '2'	C2. Districts of Madhesh Province	dropdown, Required <table><tr><td>1</td><td>Bara</td></tr><tr><td>2</td><td>Parsa</td></tr><tr><td>3</td><td>Dhanusha</td></tr><tr><td>4</td><td>Mahottari</td></tr><tr><td>5</td><td>Rautahat</td></tr><tr><td>6</td><td>Saptari</td></tr><tr><td>7</td><td>Sarlahi</td></tr><tr><td>8</td><td>Siraha</td></tr></table> Question number: Province 1		1	Bara	2	Parsa	3	Dhanusha	4	Mahottari	5	Rautahat	6	Saptari	7	Sarlahi	8	Siraha												
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83	[district_province_3] Show the field ONLY if: [province_name] = '3'	C2. Districts of Bagmati Province	dropdown, Required <table><tr><td>1</td><td>Bhaktapur</td></tr><tr><td>2</td><td>Chitwan</td></tr><tr><td>3</td><td>Dhading</td></tr><tr><td>4</td><td>Dolakha</td></tr><tr><td>5</td><td>Kathmandu</td></tr><tr><td>6</td><td>Kavrepalanchok</td></tr></table>		1	Bhaktapur	2	Chitwan	3	Dhading	4	Dolakha	5	Kathmandu	6	Kavrepalanchok																
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11	Rasuwa																											
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84	[district_province_4] Show the field ONLY if: [province_name] = '4'	C2. Districts of Gandaki Province		dropdown, Required <table><tr><td>1</td><td>Baglung</td></tr><tr><td>2</td><td>Gorkha</td></tr><tr><td>3</td><td>Kaski</td></tr><tr><td>4</td><td>Lamjung</td></tr><tr><td>5</td><td>Manang</td></tr><tr><td>6</td><td>Mustang</td></tr><tr><td>7</td><td>Myagdi</td></tr><tr><td>8</td><td>Nawalpur</td></tr><tr><td>9</td><td>Parbat</td></tr><tr><td>10</td><td>Syangja</td></tr><tr><td>11</td><td>Tanahu</td></tr></table> Question number: Province 1	1	Baglung	2	Gorkha	3	Kaski	4	Lamjung	5	Manang	6	Mustang	7	Myagdi	8	Nawalpur	9	Parbat	10	Syangja	11	Tanahu		
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85	[district_province_5] Show the field ONLY if: [province_name] = '5'	C2. Districts of Lumbini Province		dropdown, Required <table><tr><td>1</td><td>Arghakhanchi</td></tr><tr><td>2</td><td>Banke</td></tr><tr><td>3</td><td>Bardiya</td></tr><tr><td>4</td><td>Dang</td></tr><tr><td>5</td><td>Eastern Rukum</td></tr><tr><td>6</td><td>Gulmi</td></tr><tr><td>7</td><td>Kapilavastu</td></tr><tr><td>8</td><td>Parasi</td></tr><tr><td>9</td><td>Palpa</td></tr><tr><td>10</td><td>Pyuthan</td></tr><tr><td>11</td><td>Rolpa</td></tr><tr><td>12</td><td>Rupandehi</td></tr></table> Question number: Province 1	1	Arghakhanchi	2	Banke	3	Bardiya	4	Dang	5	Eastern Rukum	6	Gulmi	7	Kapilavastu	8	Parasi	9	Palpa	10	Pyuthan	11	Rolpa	12	Rupandehi
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86	[district_province_6] Show the field ONLY if: [province_name] = '6'	C2. Districts of Karnali Province		dropdown, Required <table><tr><td>1</td><td>Dailekh</td></tr><tr><td>2</td><td>Dolpa</td></tr><tr><td>3</td><td>Humla</td></tr><tr><td>4</td><td>Jajarkot</td></tr><tr><td>5</td><td>Jumla</td></tr><tr><td>6</td><td>Kalikot</td></tr><tr><td>7</td><td>Mugu</td></tr><tr><td>8</td><td>Salyan</td></tr><tr><td>9</td><td>Surkhet</td></tr><tr><td>10</td><td>Western Rukum</td></tr></table>	1	Dailekh	2	Dolpa	3	Humla	4	Jajarkot	5	Jumla	6	Kalikot	7	Mugu	8	Salyan	9	Surkhet	10	Western Rukum				
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87	[district_province_7] Show the field ONLY if: [province_name] = '7'	C2. Districts of Sudurpashchim Province	dropdown, Required	<table border="1"> <tr><td>1</td><td>Achham</td></tr> <tr><td>2</td><td>Baitadi</td></tr> <tr><td>3</td><td>Bajhang</td></tr> <tr><td>4</td><td>Bajura</td></tr> <tr><td>5</td><td>Dadeldhura</td></tr> <tr><td>6</td><td>Darchula</td></tr> <tr><td>7</td><td>Doti</td></tr> <tr><td>8</td><td>Kailali</td></tr> <tr><td>9</td><td>Kanchanpur</td></tr> </table>	1	Achham	2	Baitadi	3	Bajhang	4	Bajura	5	Dadeldhura	6	Darchula	7	Doti	8	Kailali	9	Kanchanpur		
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88	[vdc_rdc]	C3. Name of your Village Development Committee (VDC) or Rural Development Committee (RDC)	text, Required																					
89	[village_city_name]	C4a. City/Village Name-	text, Required																					
90	[local_place_name]	C4b. Local Area Name	text, Required																					
91	[street_address]	C5. Street/Margh Name	text, Required																					
92	[ward_no]	C6. Ward Number	text (number, Min: 1, Max: 50), Required																					
93	[landmark_add]	C7. Exact or Nearby Landmark address of the place where you think got 1st eye symptom	text, Required																					
94	[lattitude_site]	C8. Latitude of exact place of residence at the time of this eye problem	text (number)																					
95	[longitude_site_2]	C9. Longitude of the exact place of residence at the time of this eye problem.	text (number)																					
96	[history_of_trauma]	D HISTORY D1. History of Trauma	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																							
0	No																							
97	[history_of_surgery]	D2. History of Surgery	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																							
0	No																							
98	[medical_history_eye_condit]	D3 Previous history of eye disease	radio, Required	<table border="1"> <tr><td>1</td><td>Optic neuritis</td></tr> <tr><td>2</td><td>Uveitis or scleritis</td></tr> <tr><td>3</td><td>Dry eye</td></tr> <tr><td>4</td><td>Eye infections</td></tr> <tr><td>5</td><td>Glaucoma</td></tr> <tr><td>6</td><td>Retinal Problem</td></tr> <tr><td>7</td><td>Refractive error</td></tr> <tr><td>10</td><td>Ocular surgery</td></tr> <tr><td>9</td><td>None</td></tr> <tr><td>-999</td><td>Others {other_eye_disease}</td></tr> </table>	1	Optic neuritis	2	Uveitis or scleritis	3	Dry eye	4	Eye infections	5	Glaucoma	6	Retinal Problem	7	Refractive error	10	Ocular surgery	9	None	-999	Others {other_eye_disease}
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10	Ocular surgery																							
9	None																							
-999	Others {other_eye_disease}																							
99	[other_eye_disease] Show the field ONLY if: [medical_history_eye_condit] = '-999'	Others	text																					
100	[ocular_symptom_date]	D4. Date of onset of ocular symptom	text (date_mdy), Required																					
101	[ocular_exam_date_2]	D5. Date of first ocular examination	text (date_mdy), Required																					

102	[lag_time_in_presentation]	Time gap between onset of symptom and presentation at hospital for eye care (days)	text (number), Required																				
103	[symptom_onset_time_slot]	D6. Time slot at the onset of Ocular Symptom	radio, Required <table><tr><td>1</td><td colspan="2">1. Morning (4am -12pm)</td></tr><tr><td>2</td><td colspan="2">2. Afternoon (12pm - 6pm)</td></tr><tr><td>3</td><td colspan="2">3. Evening (6pm-10pm)</td></tr><tr><td>4</td><td colspan="2">4. Night (10pm - 3am)</td></tr></table> Field Annotation: tinyId=zchhFN0eM1Y			1	1. Morning (4am -12pm)		2	2. Afternoon (12pm - 6pm)		3	3. Evening (6pm-10pm)		4	4. Night (10pm - 3am)							
1	1. Morning (4am -12pm)																						
2	2. Afternoon (12pm - 6pm)																						
3	3. Evening (6pm-10pm)																						
4	4. Night (10pm - 3am)																						
104	[location_of_symptom_onset]	D7. Patient's Location at the onset of the First Symptom	checkbox, Required <table><tr><td>1</td><td>location_of_symptom_onset__1</td><td>At home</td></tr><tr><td>2</td><td>location_of_symptom_onset__2</td><td>In office</td></tr><tr><td>3</td><td>location_of_symptom_onset__3</td><td>In school</td></tr><tr><td>4</td><td>location_of_symptom_onset__4</td><td>In playground</td></tr><tr><td>5</td><td>location_of_symptom_onset__5</td><td>In public place</td></tr><tr><td>-999</td><td>location_of_symptom_onset__999</td><td>Others[other]</td></tr></table>			1	location_of_symptom_onset__1	At home	2	location_of_symptom_onset__2	In office	3	location_of_symptom_onset__3	In school	4	location_of_symptom_onset__4	In playground	5	location_of_symptom_onset__5	In public place	-999	location_of_symptom_onset__999	Others[other]
1	location_of_symptom_onset__1	At home																					
2	location_of_symptom_onset__2	In office																					
3	location_of_symptom_onset__3	In school																					
4	location_of_symptom_onset__4	In playground																					
5	location_of_symptom_onset__5	In public place																					
-999	location_of_symptom_onset__999	Others[other]																					
105	[other_location] Show the field ONLY if: [location_of_symptom_onset (-999)] = '1'	Other onset location	text																				
106	[history_of_family_member_d]	D8. Any Positive Family History?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No														
1	Yes																						
0	No																						
107	[activity_at_the_onset]	D9. What activity was the patient doing at the time of first onset of eye symptom?	radio, Required <table><tr><td>1</td><td>Sleeping</td></tr><tr><td>2</td><td>Playing</td></tr><tr><td>3</td><td>Studying</td></tr><tr><td>4</td><td>Working in the office</td></tr><tr><td>5</td><td>Working in the field</td></tr><tr><td>6</td><td>Household activities</td></tr><tr><td>7</td><td>Doing nothing</td></tr></table>			1	Sleeping	2	Playing	3	Studying	4	Working in the office	5	Working in the field	6	Household activities	7	Doing nothing				
1	Sleeping																						
2	Playing																						
3	Studying																						
4	Working in the office																						
5	Working in the field																						
6	Household activities																						
7	Doing nothing																						
108	[place_first_treat_arrived]	D10. Which was the first contact point of patient for treatment after the onset of ocular symptoms?	radio, Required <table><tr><td>1</td><td>Pharmacy</td></tr><tr><td>2</td><td>Primary Health Post</td></tr><tr><td>3</td><td>Primary Eye Care Centre</td></tr><tr><td>4</td><td>Tertiary Eye hospital</td></tr><tr><td>5</td><td>Did not visit to any prior places</td></tr></table>			1	Pharmacy	2	Primary Health Post	3	Primary Eye Care Centre	4	Tertiary Eye hospital	5	Did not visit to any prior places								
1	Pharmacy																						
2	Primary Health Post																						
3	Primary Eye Care Centre																						
4	Tertiary Eye hospital																						
5	Did not visit to any prior places																						
109	[tx_first_treat_arrived]	D11. What treatment did you receive before visiting the Tertiary Eye Hospital? (Select all that apply.)	checkbox, Required <table><tr><td>1</td><td>tx_first_treat_arriv__1</td><td>Antibiotic eye drops</td></tr><tr><td>2</td><td>tx_first_treat_arriv__2</td><td>Steroid eye drop</td></tr><tr><td>3</td><td>tx_first_treat_arriv__3</td><td>Oral medicines</td></tr><tr><td>4</td><td>tx_first_treat_arriv__4</td><td>Ocular surgery</td></tr></table>			1	tx_first_treat_arriv__1	Antibiotic eye drops	2	tx_first_treat_arriv__2	Steroid eye drop	3	tx_first_treat_arriv__3	Oral medicines	4	tx_first_treat_arriv__4	Ocular surgery						
1	tx_first_treat_arriv__1	Antibiotic eye drops																					
2	tx_first_treat_arriv__2	Steroid eye drop																					
3	tx_first_treat_arriv__3	Oral medicines																					
4	tx_first_treat_arriv__4	Ocular surgery																					
110	[live]	Section Header: Click one of it D12. Do you live close to a few hundred metres from a white moth endemic area?	radio (Matrix), Required <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>			1	Disagree	2	Neutral	3	Agree												
1	Disagree																						
2	Neutral																						
3	Agree																						
111	[best_description_for_the_eye]	D13. Best description for the appearance of white moths seen by you prior to your eye problem	radio, Required <table><tr><td>LA20277-2</td><td>White body with black striations and brown head</td></tr></table>			LA20277-2	White body with black striations and brown head																
LA20277-2	White body with black striations and brown head																						

				<table border="1"> <tr> <td>LA20300-2</td><td>White body with black striations and brown tail</td></tr> <tr> <td>LA20301-0</td><td>White body with white striations</td></tr> <tr> <td>LA20302-1</td><td>White body without striations</td></tr> <tr> <td>LA7271-5</td><td>I don't know</td></tr> </table>	LA20300-2	White body with black striations and brown tail	LA20301-0	White body with white striations	LA20302-1	White body without striations	LA7271-5	I don't know												
LA20300-2	White body with black striations and brown tail																							
LA20301-0	White body with white striations																							
LA20302-1	White body without striations																							
LA7271-5	I don't know																							
112	[moth_photo]	D14. Please upload the photograph of the white moth if you have captured?	file																					
113	[moth_appearing_month]	D15. How often do you see these white moths?	radio, Required <table border="1"> <tr> <td>1</td><td>Almost every month of each year</td></tr> <tr> <td>2</td><td>After the monsoon season of each year</td></tr> <tr> <td>3</td><td>After the monsoon season in alternate years</td></tr> <tr> <td>98</td><td>I don't know</td></tr> </table>	1	Almost every month of each year	2	After the monsoon season of each year	3	After the monsoon season in alternate years	98	I don't know													
1	Almost every month of each year																							
2	After the monsoon season of each year																							
3	After the monsoon season in alternate years																							
98	I don't know																							
114	[moth_related_day]	D16. Have you noticed these white moths in the daytime?	checkbox, Required <table border="1"> <tr> <td>1</td><td>moth_related_day__1</td><td>Yes, resting on the walls</td></tr> <tr> <td>2</td><td>moth_related_day__2</td><td>Yes, resting on the short plant leaves/bushes</td></tr> <tr> <td>3</td><td>moth_related_day__3</td><td>Yes, resting on the tall plant leaves/ barks</td></tr> <tr> <td>6</td><td>moth_related_day__6</td><td>Yes, moving in different directions</td></tr> <tr> <td>4</td><td>moth_related_day__4</td><td>Never seen in daytime</td></tr> <tr> <td>5</td><td>moth_related_day__5</td><td>I don't know</td></tr> </table>	1	moth_related_day__1	Yes, resting on the walls	2	moth_related_day__2	Yes, resting on the short plant leaves/bushes	3	moth_related_day__3	Yes, resting on the tall plant leaves/ barks	6	moth_related_day__6	Yes, moving in different directions	4	moth_related_day__4	Never seen in daytime	5	moth_related_day__5	I don't know			
1	moth_related_day__1	Yes, resting on the walls																						
2	moth_related_day__2	Yes, resting on the short plant leaves/bushes																						
3	moth_related_day__3	Yes, resting on the tall plant leaves/ barks																						
6	moth_related_day__6	Yes, moving in different directions																						
4	moth_related_day__4	Never seen in daytime																						
5	moth_related_day__5	I don't know																						
115	[moth_related_night]	D17. Have you noticed these white moths in the night time?	checkbox, Required <table border="1"> <tr> <td>1</td><td>moth_related_night__1</td><td>Yes, resting on the walls</td></tr> <tr> <td>2</td><td>moth_related_night__2</td><td>Yes, attracted towards the light source</td></tr> <tr> <td>3</td><td>moth_related_night__3</td><td>Yes, moving in different directions rather than towards the light source</td></tr> <tr> <td>4</td><td>moth_related_night__4</td><td>Never seen at night</td></tr> <tr> <td>5</td><td>moth_related_night__5</td><td>I don't know</td></tr> </table>	1	moth_related_night__1	Yes, resting on the walls	2	moth_related_night__2	Yes, attracted towards the light source	3	moth_related_night__3	Yes, moving in different directions rather than towards the light source	4	moth_related_night__4	Never seen at night	5	moth_related_night__5	I don't know						
1	moth_related_night__1	Yes, resting on the walls																						
2	moth_related_night__2	Yes, attracted towards the light source																						
3	moth_related_night__3	Yes, moving in different directions rather than towards the light source																						
4	moth_related_night__4	Never seen at night																						
5	moth_related_night__5	I don't know																						
116	[moth_related_indoor]	D18. Have you noticed these white moths inside your house?	checkbox, Required <table border="1"> <tr> <td>1</td><td>moth_related_indoor__1</td><td>In the corridor and outer walls, specify</td></tr> <tr> <td>2</td><td>moth_related_indoor__2</td><td>Inside the rooms, specify</td></tr> <tr> <td>3</td><td>moth_related_indoor__3</td><td>Moving towards the white lights</td></tr> <tr> <td>4</td><td>moth_related_indoor__4</td><td>Moving in different directions away from the white light</td></tr> <tr> <td>5</td><td>moth_related_indoor__5</td><td>Resting on the window</td></tr> <tr> <td>6</td><td>moth_related_indoor__6</td><td>Never seen inside the house</td></tr> <tr> <td>7</td><td>moth_related_indoor__7</td><td>I dont know</td></tr> </table>	1	moth_related_indoor__1	In the corridor and outer walls, specify	2	moth_related_indoor__2	Inside the rooms, specify	3	moth_related_indoor__3	Moving towards the white lights	4	moth_related_indoor__4	Moving in different directions away from the white light	5	moth_related_indoor__5	Resting on the window	6	moth_related_indoor__6	Never seen inside the house	7	moth_related_indoor__7	I dont know
1	moth_related_indoor__1	In the corridor and outer walls, specify																						
2	moth_related_indoor__2	Inside the rooms, specify																						
3	moth_related_indoor__3	Moving towards the white lights																						
4	moth_related_indoor__4	Moving in different directions away from the white light																						
5	moth_related_indoor__5	Resting on the window																						
6	moth_related_indoor__6	Never seen inside the house																						
7	moth_related_indoor__7	I dont know																						
117	[moth_exposure_y_n]	D19. Did you get exposed to white moths which are attracted towards white lights?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							

				3 I dont know/not sure
118	[moth_exposure] Show the field ONLY if: [moth_exposure_y_n]= '1'	D20. History of exposure to white moths or their setae/hair/exuviae, occurred by (select all that apply.)	checkbox, Required	
			1	moth_exposure__1 Direct exposure by touching the moth (Chuweko)
			5	moth_exposure__5 Direct exposure by holding the moth in hand/finger (Samateko)
			8	moth_exposure__8 Direct exposure by rubbing eyes after touching/holding the moth
			2	moth_exposure__2 Indirect exposure from the surroundings outside the house
			3	moth_exposure__3 Indirect exposure from the surroundings inside the house
			9	moth_exposure__9 Indirect contact while conducting the cleaning activities
			10	moth_exposure__10 Indirect contact from the clothes/other stuffs
			11	moth_exposure__11 Others
119	[other_hx] Show the field ONLY if: [moth_exposure_y_n] = '1'	OTHER	text	
120	[moth_related_past_victim_2]	D21. Have you encountered anyone with eye disease because of these moths in your area?	yesno, Required	
			1	Yes
			0	No
121	[moth_hand_rub]	D22. Do you rub your eyes frequently with your hand?	yesno, Required	
			1	Yes
			0	No
122	[moth_shapu]	D23. Did you know that white moths can cause a blinding eye disease named Seasonal Hyperacute Panuveitis (SHAPU)?	yesno, Required	
			1	Yes
			0	No
123	[moth_hand_wash]	D24. Do you wash your hands frequently before touching your face areas?	yesno, Required	
			1	Yes
			0	No
124	[moth_window_net]	D25. Do you have door nets and window nets to protect against the insects/flyes/moths entry?	yesno, Required	
			1	Yes
			0	No
125	[bed_net]	D26. Do you use a mosquito net while sleeping?	yesno, Required	
			1	Yes
			0	No
126	[moth_host_plant]	D27. Do you know which are the preferred host plants of these white moths?	checkbox, Required	
			1	moth_host_plant__1 Yes, Alnus nepalensis (Utis)
			2	moth_host_plant__2 Yes, Rhododendron (Laligurans)
			3	moth_host_plant__3 Yes, Quercus dilatata (Kapoor)
			4	moth_host_plant__4 Yes 1+2

				<table><tr><td>5</td><td>moth_host_plant___5</td><td>None of them</td></tr><tr><td>6</td><td>moth_host_plant___6</td><td>I don't know</td></tr></table>	5	moth_host_plant___5	None of them	6	moth_host_plant___6	I don't know					
5	moth_host_plant___5	None of them													
6	moth_host_plant___6	I don't know													
127	[moth_host_plant_2]	D28. Are there trees of <i>Alnus nepalensis</i> (Utis) in your area?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes, within 100 metres</td></tr><tr><td>2</td><td>Yes, within 500 metres</td></tr><tr><td>3</td><td>Yes, but beyond 500 metres</td></tr><tr><td>4</td><td>Not present</td></tr><tr><td>5</td><td>I don't know</td></tr></table>	radio, Required		1	Yes, within 100 metres	2	Yes, within 500 metres	3	Yes, but beyond 500 metres	4	Not present	5	I don't know
radio, Required															
1	Yes, within 100 metres														
2	Yes, within 500 metres														
3	Yes, but beyond 500 metres														
4	Not present														
5	I don't know														
128	[moth_host_plant_3]	D29. Are there trees of <i>Rhododendron arboreum</i> (Laligurans) in your area?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes, within 100 metres</td></tr><tr><td>2</td><td>Yes, within 500 metres</td></tr><tr><td>3</td><td>Yes, but beyond 500 metres</td></tr><tr><td>4</td><td>Not present</td></tr><tr><td>5</td><td>I don't know</td></tr></table>	radio, Required		1	Yes, within 100 metres	2	Yes, within 500 metres	3	Yes, but beyond 500 metres	4	Not present	5	I don't know
radio, Required															
1	Yes, within 100 metres														
2	Yes, within 500 metres														
3	Yes, but beyond 500 metres														
4	Not present														
5	I don't know														
129	[moth_host_plant_4]	D30. Have you seen the brown hairy caterpillars crawling in the trees/bushes near your area in the past 6 months?	<table><tr><td colspan="2">yesno, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	yesno, Required		1	Yes	0	No						
yesno, Required															
1	Yes														
0	No														
130	[event_season]	Section Header: <i>D31. Please rate {event}</i> Do you think there is a relationship between SHAPU outbreak and post monsoon season?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
131	[event_high_temperature]	Do you think there is a relationship between SHAPU outbreak and warm temperature?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
132	[event_lw_temperaure]	Do you think there is a relationship between SHAPU outbreak and cold temperature?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
133	[event_high_rainfall]	Do you think there is a relationship between SHAPU outbreak and high rainfall?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
134	[event_low_rainfall]	Do you think there is a relationship between SHAPU outbreak and low rainfall?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
135	[event_location]	Do you think there is a relationship between SHAPU outbreak and geographical location of Nepal?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	radio (Matrix)		1	Disagree	2	Neutral	3	Agree				
radio (Matrix)															
1	Disagree														
2	Neutral														
3	Agree														
136	[systemic_disease_1]	D32. Do you have any existing systemic disease? Yes No Specify if yes-	<table><tr><td colspan="2">yesno, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	yesno, Required		1	Yes	0	No						
yesno, Required															
1	Yes														
0	No														

137	[prior_eye_problem]	D33. Do you have any eye disease prior to this event?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			
138	[eye_conditions_disease] Show the field ONLY if: [prior_eye_problem] = '1'	D34. Prior Eye Disease - specify if present	checkbox, Required <table><tr><td>1</td><td>eye_conditions_disease__1</td><td>Cataract</td></tr><tr><td>2</td><td>eye_conditions_disease__2</td><td>Glaucoma</td></tr><tr><td>3</td><td>eye_conditions_disease__3</td><td>Eye Infections</td></tr><tr><td>4</td><td>eye_conditions_disease__4</td><td>Orbital diseases</td></tr><tr><td>5</td><td>eye_conditions_disease__5</td><td>Corneal disease</td></tr><tr><td>6</td><td>eye_conditions_disease__6</td><td>Retinal diseases</td></tr><tr><td>7</td><td>eye_conditions_disease__7</td><td>Uveitic diseases</td></tr><tr><td>8</td><td>eye_conditions_disease__8</td><td>Neuroophthalm diseases</td></tr><tr><td>9</td><td>eye_conditions_disease__9</td><td>Refractive Error</td></tr><tr><td>10</td><td>eye_conditions_disease__10</td><td>Ocular Trauma</td></tr><tr><td>-999</td><td>eye_conditions_disease__999</td><td>Others [prior_eye_prob</td></tr></table>	1	eye_conditions_disease__1	Cataract	2	eye_conditions_disease__2	Glaucoma	3	eye_conditions_disease__3	Eye Infections	4	eye_conditions_disease__4	Orbital diseases	5	eye_conditions_disease__5	Corneal disease	6	eye_conditions_disease__6	Retinal diseases	7	eye_conditions_disease__7	Uveitic diseases	8	eye_conditions_disease__8	Neuroophthalm diseases	9	eye_conditions_disease__9	Refractive Error	10	eye_conditions_disease__10	Ocular Trauma	-999	eye_conditions_disease__999	Others [prior_eye_prob
1	eye_conditions_disease__1	Cataract																																		
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-999	eye_conditions_disease__999	Others [prior_eye_prob																																		
139	[prior_eye_problem_other] Show the field ONLY if: [eye_conditions_disease(-999)] = '1'	Others	text																																	
140	[involved_eye]	E. OCULAR EVALUATION E1. Which is your affected eye?	radio, Required <table><tr><td>1</td><td>1. Right Eye</td></tr><tr><td>2</td><td>2. Left Eye</td></tr></table>	1	1. Right Eye	2	2. Left Eye																													
1	1. Right Eye																																			
2	2. Left Eye																																			
141	[blurred_vision]	E2. Blurred vision	radio <table><tr><td>0</td><td>Sudden onset</td></tr><tr><td>1</td><td>Insidious onset</td></tr><tr><td>2</td><td>Absent</td></tr></table>	0	Sudden onset	1	Insidious onset	2	Absent																											
0	Sudden onset																																			
1	Insidious onset																																			
2	Absent																																			
142	[vision_blur]	Section Header: E3. Please rate Do you have blurring of vision?	radio (Matrix) <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	1	Disagree	2	Neutral	3	Agree																											
1	Disagree																																			
2	Neutral																																			
3	Agree																																			
143	[red_eye]	Do you have red eye with pain?	radio (Matrix) <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	1	Disagree	2	Neutral	3	Agree																											
1	Disagree																																			
2	Neutral																																			
3	Agree																																			
144	[eye_discharge]	Do you have red eye with discharge?	radio (Matrix) <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	1	Disagree	2	Neutral	3	Agree																											
1	Disagree																																			
2	Neutral																																			
3	Agree																																			
145	[eye_discomfort]	Do you have ocular discomfort?	radio (Matrix) <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	1	Disagree	2	Neutral	3	Agree																											
1	Disagree																																			
2	Neutral																																			
3	Agree																																			
146	[eye_photobhobia]	Do you have difficulty in bright light?	radio (Matrix) <table><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Agree</td></tr></table>	1	Disagree	2	Neutral	3	Agree																											
1	Disagree																																			
2	Neutral																																			
3	Agree																																			

	147	[loss_eye_productivity]	E4. How much loss of productivity do you feel with your current eye problem?	slider (number, Min: 0, Max: 10), Required Slider labels: 0 , 10 Custom alignment: RH																																						
	148	[thank_you]	"Thank you, participants, for the above information."	descriptive																																						
	149	[logmar_log_right]	PART II- OCULAR EXAMINATION DETAILS Log Mar best corrected Visual acuity of Right eye	radio, Required <table><tr><td>LA6111-4</td><td>0.00 (6/6)</td></tr><tr><td>LA24576-3</td><td>0.20 (6/9)</td></tr><tr><td>LA24578-9</td><td>0.30 (6/12)</td></tr><tr><td>LA24581-3</td><td>0.50 (6/18)</td></tr><tr><td>LA24583-9</td><td>0.60 (6/24)</td></tr><tr><td>LA24585-4</td><td>0.75 (6/36)</td></tr><tr><td>LA24587-0</td><td>0.90 (6/48)</td></tr><tr><td>LA24588-8</td><td>1.00 (6/60)</td></tr><tr><td>LA24589-6</td><td>1.08 (5/60)</td></tr><tr><td>LA24590-4</td><td>1.18 (4/60)</td></tr><tr><td>LA15765-3</td><td>1.30 (3/60)</td></tr><tr><td>LA24591-2</td><td>1.48 (2/60)</td></tr><tr><td>LA24592-0</td><td>1.78 (1/60)</td></tr><tr><td>LA24593-8</td><td>1.9 (CFCF)</td></tr><tr><td>LA24596-1</td><td>2.3 (HM)</td></tr><tr><td>LA24597-9</td><td>PL (Perception of Light)</td></tr><tr><td>LA24598-10</td><td>NPL (No Perception of Light)</td></tr><tr><td>2</td><td>F & F (Follows and fixates light)</td></tr><tr><td>3</td><td>Unable to assess in a preverbal child</td></tr></table>	LA6111-4	0.00 (6/6)	LA24576-3	0.20 (6/9)	LA24578-9	0.30 (6/12)	LA24581-3	0.50 (6/18)	LA24583-9	0.60 (6/24)	LA24585-4	0.75 (6/36)	LA24587-0	0.90 (6/48)	LA24588-8	1.00 (6/60)	LA24589-6	1.08 (5/60)	LA24590-4	1.18 (4/60)	LA15765-3	1.30 (3/60)	LA24591-2	1.48 (2/60)	LA24592-0	1.78 (1/60)	LA24593-8	1.9 (CFCF)	LA24596-1	2.3 (HM)	LA24597-9	PL (Perception of Light)	LA24598-10	NPL (No Perception of Light)	2	F & F (Follows and fixates light)	3	Unable to assess in a preverbal child
LA6111-4	0.00 (6/6)																																									
LA24576-3	0.20 (6/9)																																									
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2	F & F (Follows and fixates light)																																									
3	Unable to assess in a preverbal child																																									
	150	[logmar_log_left]	Log Mar best corrected Visual acuity of Left eye	radio, Required <table><tr><td>LA6111-4</td><td>0.00 (6/6)</td></tr><tr><td>LA24576-3</td><td>0.20 (6/9)</td></tr><tr><td>LA24578-9</td><td>0.30 (6/12)</td></tr><tr><td>LA24581-3</td><td>0.50 (6/18)</td></tr><tr><td>LA24583-9</td><td>0.60 (6/24)</td></tr><tr><td>LA24585-4</td><td>0.75 (6/36)</td></tr><tr><td>LA24587-0</td><td>0.90 (6/48)</td></tr><tr><td>LA24588-8</td><td>1.00 (6/60)</td></tr><tr><td>LA24589-6</td><td>1.08 (5/60)</td></tr><tr><td>LA24590-4</td><td>1.18 (4/60)</td></tr><tr><td>LA15765-3</td><td>1.30 (3/60)</td></tr><tr><td>LA24591-2</td><td>1.48 (2/60)</td></tr><tr><td>LA24592-0</td><td>1.78 (1/60)</td></tr><tr><td>LA24593-8</td><td>1.9 (CFCF)</td></tr><tr><td>LA24596-1</td><td>2.3 (HM)</td></tr><tr><td>LA24597-9</td><td>PL (Perception of Light)</td></tr><tr><td>LA24598-10</td><td>NPL (No Perception of Light)</td></tr><tr><td>2</td><td>F & F (Follows and fixates light)</td></tr><tr><td>3</td><td>Unable to assess in a pre-verbal child</td></tr></table>	LA6111-4	0.00 (6/6)	LA24576-3	0.20 (6/9)	LA24578-9	0.30 (6/12)	LA24581-3	0.50 (6/18)	LA24583-9	0.60 (6/24)	LA24585-4	0.75 (6/36)	LA24587-0	0.90 (6/48)	LA24588-8	1.00 (6/60)	LA24589-6	1.08 (5/60)	LA24590-4	1.18 (4/60)	LA15765-3	1.30 (3/60)	LA24591-2	1.48 (2/60)	LA24592-0	1.78 (1/60)	LA24593-8	1.9 (CFCF)	LA24596-1	2.3 (HM)	LA24597-9	PL (Perception of Light)	LA24598-10	NPL (No Perception of Light)	2	F & F (Follows and fixates light)	3	Unable to assess in a pre-verbal child
LA6111-4	0.00 (6/6)																																									
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2	F & F (Follows and fixates light)																																									
3	Unable to assess in a pre-verbal child																																									
	151	[eyes_exam_conjunctiva]	II A. CLINICAL FINDINGS RELATED TO AFFECTED EYE ONLY Conjunctival Congestion	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Diffuse congestion</td></tr><tr><td>2</td><td>Sectoral congestion</td></tr></table>	0	Absent	1	Diffuse congestion	2	Sectoral congestion																																
0	Absent																																									
1	Diffuse congestion																																									
2	Sectoral congestion																																									

				3	Circumcorneal congestion	
152	[eyes_exam_sclera]	Scleral/Episcleral Congestion	radio, Required			
			0 Absent			
			1 Diffuse congestion			
			2 Sectoral congestion			
153	[cornea_findings]	Presence of corneal findings	yesno, Required			
			1 Yes			
			0 No			
154	[eyes_exam_cornea_2] Show the field ONLY if: [cornea_findings] = '1'	Corneal Findings	checkbox, Required			
			1	eyes_exam_cornea_2__1	Fine Keratic precipitates	
			2	eyes_exam_cornea_2__2	Mutton Fat Keratic Precipitates	
			3	eyes_exam_cornea_2__3	Superficial Punctate Erosions	
			4	eyes_exam_cornea_2__4	Corneal Edema	
			5	eyes_exam_cornea_2__5	Corneal Infiltration	
			6	eyes_exam_cornea_2__6	Immune ring appearance	
			7	eyes_exam_cornea_2__7	Reduced Corneal sensation	
			-999	eyes_exam_cornea_2__999	Others {cornea_findings}	
155	[other_corneal_find] Show the field ONLY if: [eyes_exam_cornea_2(-999)] = '1'	Other corneal finding (specify)	text			
156	[eye_setae]	Is there presence of setae in eye?	yesno			
			1 Yes			
			0 No			
157	[eyes_exam_moth_setae] Show the field ONLY if: [eye_setae] = '1'	Presence of Setae/Hair particles of the white moth	checkbox, Required			
			1	eyes_exam_moth_setae__1	Present in the conjunctival surface	
			2	eyes_exam_moth_setae__2	Present in the corneal surface	
			3	eyes_exam_moth_setae__3	Present in the anterior chamber	
			4	eyes_exam_moth_setae__4	Present in the vitreous chamber	
			5	eyes_exam_moth_setae__5	Present in the retina	
			-999	eyes_exam_moth_setae__999	Other[eye_setae]	
158	[eyes_exam_ac_cells]	Anterior Chamber Cells	yesno			
			1 Yes			
			0 No			
159	[eyes_exam_ac_cells_gradin g] Show the field ONLY if: [eyes_exam_ac_cells] = '1'	Anterior Chamber Cells Grading	radio			
			1 Grade 0 (No cells)			
			7 Grade 0.5/Trace (1-5 cells)			

				<table><tr><td>8</td><td>Grade 1+ (6-15 cells)</td></tr><tr><td>2</td><td>Grade 2+ (16-25 cells)</td></tr><tr><td>3</td><td>Grade 3+ (26-50 cells)</td></tr><tr><td>4</td><td>Grade 4+ (>50 cells)</td></tr></table>	8	Grade 1+ (6-15 cells)	2	Grade 2+ (16-25 cells)	3	Grade 3+ (26-50 cells)	4	Grade 4+ (>50 cells)				
8	Grade 1+ (6-15 cells)															
2	Grade 2+ (16-25 cells)															
3	Grade 3+ (26-50 cells)															
4	Grade 4+ (>50 cells)															
	160	[ac_fibrin]	Anterior chamber fibrin	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes															
0	No															
	161	[eyes_exam_ac_flare]	Anterior Chamber Flare	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes															
0	No															
	162	[eyes_exam_ac_flare_grading] Show the field ONLY if: [eyes_exam_ac_flare] = '1'	Anterior Chamber Flare Grading	radio <table><tr><td>7</td><td>• Grade 0: None</td></tr><tr><td>8</td><td>• Grade 1+ (Faint): Faint flare</td></tr><tr><td>9</td><td>• Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)</td></tr><tr><td>10</td><td>• Grade 3+ (Marked): Marked flare (iris and lens details are hazy)</td></tr><tr><td>11</td><td>• Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)</td></tr></table>	7	• Grade 0: None	8	• Grade 1+ (Faint): Faint flare	9	• Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)	10	• Grade 3+ (Marked): Marked flare (iris and lens details are hazy)	11	• Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)		
7	• Grade 0: None															
8	• Grade 1+ (Faint): Faint flare															
9	• Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)															
10	• Grade 3+ (Marked): Marked flare (iris and lens details are hazy)															
11	• Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)															
	163	[hypo_pyon]	Presence of hypopyon	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes															
0	No															
	164	[eyes_exam_hypopyon] Show the field ONLY if: [hypo_pyon] = '1'	Hypopyon (pus in anterior chamber)	radio <table><tr><td>1</td><td>< 1 mm</td></tr><tr><td>2</td><td>1-2 mm</td></tr><tr><td>3</td><td>2-5 mm</td></tr><tr><td>4</td><td>> 5 mm</td></tr></table>	1	< 1 mm	2	1-2 mm	3	2-5 mm	4	> 5 mm				
1	< 1 mm															
2	1-2 mm															
3	2-5 mm															
4	> 5 mm															
	165	[eyes_exam_hypopyon_colour] Show the field ONLY if: [hypo_pyon] = '1'	Hypopyon colour	dropdown <table><tr><td>1</td><td>White</td></tr><tr><td>2</td><td>Yellow</td></tr><tr><td>3</td><td>Creamy</td></tr></table>	1	White	2	Yellow	3	Creamy						
1	White															
2	Yellow															
3	Creamy															
	166	[eyes_exam_hypopyon_shift]	Is the Hypopyon shifting?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes															
0	No															
	167	[eyes_exam_hyphema]	Hyphema (blood in anterior chamber)	dropdown <table><tr><td>1</td><td>< 1 mm</td></tr><tr><td>2</td><td>1-2mm</td></tr><tr><td>3</td><td>2-5mm</td></tr><tr><td>4</td><td>>5mm</td></tr><tr><td>5</td><td>Absent</td></tr></table>	1	< 1 mm	2	1-2mm	3	2-5mm	4	>5mm	5	Absent		
1	< 1 mm															
2	1-2mm															
3	2-5mm															
4	>5mm															
5	Absent															
	168	[eye_exam_iris]	Iris details of the affected eye	checkbox, Required <table><tr><td>LA25504-4</td><td>eye_exam_iris__la25504_4</td><td>Normal iris</td></tr><tr><td>LA24644-9</td><td>eye_exam_iris__la24644_9</td><td>Patchy/Sectoral atrophy</td></tr><tr><td>LA24661-3</td><td>eye_exam_iris__la24661_3</td><td>Diffuse atrophy</td></tr><tr><td>LA24763-7</td><td>eye_exam_iris__la24763_7</td><td>Iris neovasculariza</td></tr></table>	LA25504-4	eye_exam_iris__la25504_4	Normal iris	LA24644-9	eye_exam_iris__la24644_9	Patchy/Sectoral atrophy	LA24661-3	eye_exam_iris__la24661_3	Diffuse atrophy	LA24763-7	eye_exam_iris__la24763_7	Iris neovasculariza
LA25504-4	eye_exam_iris__la25504_4	Normal iris														
LA24644-9	eye_exam_iris__la24644_9	Patchy/Sectoral atrophy														
LA24661-3	eye_exam_iris__la24661_3	Diffuse atrophy														
LA24763-7	eye_exam_iris__la24763_7	Iris neovasculariza														

				<table border="1"> <tr> <td>1</td><td>eye_exam_iris__1</td><td>Exudates over crypts</td></tr> <tr> <td>2</td><td>eye_exam_iris__2</td><td>Details cannot assessed</td></tr> <tr> <td>LA9191-3</td><td>eye_exam_iris__la9191_3</td><td>Other, Specify:</td></tr> </table>	1	eye_exam_iris__1	Exudates over crypts	2	eye_exam_iris__2	Details cannot assessed	LA9191-3	eye_exam_iris__la9191_3	Other, Specify:														
1	eye_exam_iris__1	Exudates over crypts																									
2	eye_exam_iris__2	Details cannot assessed																									
LA9191-3	eye_exam_iris__la9191_3	Other, Specify:																									
169	[eye_exam_pupil]	Pupil Findings	<table border="1"> <tr> <td colspan="3">checkbox, Required</td></tr> <tr> <td>LA25504-4</td><td>eye_exam_pupil__la25504_4</td><td>Normal, round, regular pupil</td></tr> <tr> <td>LA24644-9</td><td>eye_exam_pupil__la24644_9</td><td>Irregular with posterior synechia</td></tr> <tr> <td>LA24661-3</td><td>eye_exam_pupil__la24661_3</td><td>Constricted, non- dilating pupil</td></tr> <tr> <td>LA24763-7</td><td>eye_exam_pupil__la24763_7</td><td>Fully dilating</td></tr> <tr> <td>1</td><td>eye_exam_pupil__1</td><td>RAPD Present</td></tr> <tr> <td>2</td><td>eye_exam_pupil__2</td><td>Completely covered with exudates and unable to assess</td></tr> <tr> <td>-999</td><td>eye_exam_pupil__999</td><td>Other,</td></tr> </table>	checkbox, Required			LA25504-4	eye_exam_pupil__la25504_4	Normal, round, regular pupil	LA24644-9	eye_exam_pupil__la24644_9	Irregular with posterior synechia	LA24661-3	eye_exam_pupil__la24661_3	Constricted, non- dilating pupil	LA24763-7	eye_exam_pupil__la24763_7	Fully dilating	1	eye_exam_pupil__1	RAPD Present	2	eye_exam_pupil__2	Completely covered with exudates and unable to assess	-999	eye_exam_pupil__999	Other,
checkbox, Required																											
LA25504-4	eye_exam_pupil__la25504_4	Normal, round, regular pupil																									
LA24644-9	eye_exam_pupil__la24644_9	Irregular with posterior synechia																									
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1	eye_exam_pupil__1	RAPD Present																									
2	eye_exam_pupil__2	Completely covered with exudates and unable to assess																									
-999	eye_exam_pupil__999	Other,																									
170	[eye_exam_lens]	Lens Findings	<table border="1"> <tr> <td colspan="3">checkbox, Required</td></tr> <tr> <td>LA25504-4</td><td>eye_exam_lens__la25504_4</td><td>Normal, clear lens</td></tr> <tr> <td>LA24644-9</td><td>eye_exam_lens__la24644_9</td><td>Polychromatic lustre</td></tr> <tr> <td>LA24661-3</td><td>eye_exam_lens__la24661_3</td><td>Posterior subcapsular cataract</td></tr> <tr> <td>LA24763-7</td><td>eye_exam_lens__la24763_7</td><td>Cataract, other type, specify</td></tr> <tr> <td>1</td><td>eye_exam_lens__1</td><td>Iris pigment deposits over lens capsule</td></tr> <tr> <td>2</td><td>eye_exam_lens__2</td><td>Difficult to visualize the details</td></tr> <tr> <td>LA9191-3</td><td>eye_exam_lens__la9191_3</td><td>Other, Specify:</td></tr> </table>	checkbox, Required			LA25504-4	eye_exam_lens__la25504_4	Normal, clear lens	LA24644-9	eye_exam_lens__la24644_9	Polychromatic lustre	LA24661-3	eye_exam_lens__la24661_3	Posterior subcapsular cataract	LA24763-7	eye_exam_lens__la24763_7	Cataract, other type, specify	1	eye_exam_lens__1	Iris pigment deposits over lens capsule	2	eye_exam_lens__2	Difficult to visualize the details	LA9191-3	eye_exam_lens__la9191_3	Other, Specify:
checkbox, Required																											
LA25504-4	eye_exam_lens__la25504_4	Normal, clear lens																									
LA24644-9	eye_exam_lens__la24644_9	Polychromatic lustre																									
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LA24763-7	eye_exam_lens__la24763_7	Cataract, other type, specify																									
1	eye_exam_lens__1	Iris pigment deposits over lens capsule																									
2	eye_exam_lens__2	Difficult to visualize the details																									
LA9191-3	eye_exam_lens__la9191_3	Other, Specify:																									
171	[leukocoria]	Leukocoria	<table border="1"> <tr> <td colspan="2">yesno, Required</td></tr> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																		
yesno, Required																											
1	Yes																										
0	No																										
172	[fundal_glow]	Presence of Fundal Glow	<table border="1"> <tr> <td colspan="2">yesno, Required</td></tr> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																		
yesno, Required																											
1	Yes																										
0	No																										
173	[vit_cell_2]	Vitreous Cells Present	<table border="1"> <tr> <td colspan="2">yesno, Required</td></tr> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																		
yesno, Required																											
1	Yes																										
0	No																										

174	[eyes_exam_vc_grading] Show the field ONLY if: [vit_cell_2] = '1'	Vitreous Cells Grading (SUN)	dropdown, Required <table><tr><td>1</td><td colspan="2">Grade 0 (No cells)</td></tr><tr><td>8</td><td colspan="2">Grade 0.5 (1-5 cells)</td></tr><tr><td>9</td><td colspan="2">Grade 1+ (6-10 cells)</td></tr><tr><td>2</td><td colspan="2">Grade 2+ (11-20 cells)</td></tr><tr><td>3</td><td colspan="2">Grade 3+ (21-50 cells)</td></tr><tr><td>4</td><td colspan="2">Grade 4+ (>51 cells)</td></tr></table>			1	Grade 0 (No cells)		8	Grade 0.5 (1-5 cells)		9	Grade 1+ (6-10 cells)		2	Grade 2+ (11-20 cells)		3	Grade 3+ (21-50 cells)		4	Grade 4+ (>51 cells)	
1	Grade 0 (No cells)																						
8	Grade 0.5 (1-5 cells)																						
9	Grade 1+ (6-10 cells)																						
2	Grade 2+ (11-20 cells)																						
3	Grade 3+ (21-50 cells)																						
4	Grade 4+ (>51 cells)																						
175	[vitreous_exudates]	Vitreous Exudates	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No														
1	Yes																						
0	No																						
176	[vit_haze]	Vitreous Haze Present	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No														
1	Yes																						
0	No																						
177	[eyes_exam_v_haze_2] Show the field ONLY if: [vit_haze] = '1'	Vitreous Haze Grading (NEI)	dropdown, Required <table><tr><td>7</td><td colspan="2">• Grade 0: Clear view of the nerve fiber layer/ fundus</td></tr><tr><td>8</td><td colspan="2">• Grade 0.5+ (Trace haze)</td></tr><tr><td>9</td><td colspan="2">• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)</td></tr><tr><td>10</td><td colspan="2">• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)</td></tr><tr><td>11</td><td colspan="2">• Grade 3+ (Marked haze; only the optic disc is visible)</td></tr><tr><td>12</td><td colspan="2">• Grade 4+ (Severe haze; optic disc is not visible)</td></tr></table>			7	• Grade 0: Clear view of the nerve fiber layer/ fundus		8	• Grade 0.5+ (Trace haze)		9	• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)		10	• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)		11	• Grade 3+ (Marked haze; only the optic disc is visible)		12	• Grade 4+ (Severe haze; optic disc is not visible)	
7	• Grade 0: Clear view of the nerve fiber layer/ fundus																						
8	• Grade 0.5+ (Trace haze)																						
9	• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)																						
10	• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)																						
11	• Grade 3+ (Marked haze; only the optic disc is visible)																						
12	• Grade 4+ (Severe haze; optic disc is not visible)																						
178	[eye_exam_optic_disc]	Optic Disc Findings	checkbox, Required <table><tr><td>LA25504-4</td><td>eye_exam_optic_disc__la25504_4</td><td>Normal, disc</td></tr><tr><td>LA24644-9</td><td>eye_exam_optic_disc__la24644_9</td><td>Disc oedema</td></tr><tr><td>LA24661-3</td><td>eye_exam_optic_disc__la24661_3</td><td>Disc Atrophy</td></tr><tr><td>1</td><td>eye_exam_optic_disc__1</td><td>Enlarged Cup-Disc Ratio</td></tr><tr><td>LA24763-7</td><td>eye_exam_optic_disc__la24763_7</td><td>Not visible</td></tr><tr><td>LA9191-3</td><td>eye_exam_optic_disc__la9191_3</td><td>Other, Specify:</td></tr></table>			LA25504-4	eye_exam_optic_disc__la25504_4	Normal, disc	LA24644-9	eye_exam_optic_disc__la24644_9	Disc oedema	LA24661-3	eye_exam_optic_disc__la24661_3	Disc Atrophy	1	eye_exam_optic_disc__1	Enlarged Cup-Disc Ratio	LA24763-7	eye_exam_optic_disc__la24763_7	Not visible	LA9191-3	eye_exam_optic_disc__la9191_3	Other, Specify:
LA25504-4	eye_exam_optic_disc__la25504_4	Normal, disc																					
LA24644-9	eye_exam_optic_disc__la24644_9	Disc oedema																					
LA24661-3	eye_exam_optic_disc__la24661_3	Disc Atrophy																					
1	eye_exam_optic_disc__1	Enlarged Cup-Disc Ratio																					
LA24763-7	eye_exam_optic_disc__la24763_7	Not visible																					
LA9191-3	eye_exam_optic_disc__la9191_3	Other, Specify:																					
179	[other_disc_specify] Show the field ONLY if: [eye_exam_optic_disc(LA9191-3)] = '1'	Other Disc finding specify-	text																				
180	[eye_exam_macula]	Macula Finding	checkbox, Required <table><tr><td>LA25504-4</td><td>eye_exam_macula__la25504_4</td><td>Normal, sharp FR+</td></tr><tr><td>LA24644-9</td><td>eye_exam_macula__la24644_9</td><td>Macular oedema</td></tr><tr><td>LA24661-3</td><td>eye_exam_macula__la24661_3</td><td>Not visible</td></tr><tr><td>LA9191-3</td><td>eye_exam_macula__la9191_3</td><td>Other, Specify:</td></tr></table>			LA25504-4	eye_exam_macula__la25504_4	Normal, sharp FR+	LA24644-9	eye_exam_macula__la24644_9	Macular oedema	LA24661-3	eye_exam_macula__la24661_3	Not visible	LA9191-3	eye_exam_macula__la9191_3	Other, Specify:						
LA25504-4	eye_exam_macula__la25504_4	Normal, sharp FR+																					
LA24644-9	eye_exam_macula__la24644_9	Macular oedema																					
LA24661-3	eye_exam_macula__la24661_3	Not visible																					
LA9191-3	eye_exam_macula__la9191_3	Other, Specify:																					

181	[other_macula_findings] Show the field ONLY if: [eye_exam_macula(LA9191-3)] = '1'	Others macula finding Specify	text																																
182	[eye_exam_vessels]	Retinal Vessels Finding	checkbox <table><tr><td>LA25504-4</td><td>eye_exam_vessels__la25504_4</td><td>Normal, with A:V=2:3 ratio</td></tr><tr><td>LA24644-9</td><td>eye_exam_vessels__la24644_9</td><td>Inflamed</td></tr><tr><td>LA24661-3</td><td>eye_exam_vessels__la24661_3</td><td>Inflamed</td></tr><tr><td>1</td><td>eye_exam_vessels__1</td><td>Tortuous vessels</td></tr><tr><td>2</td><td>eye_exam_vessels__2</td><td>Retinal Hemorrhage present</td></tr><tr><td>3</td><td>eye_exam_vessels__3</td><td>Retinal exudate present</td></tr><tr><td>4</td><td>eye_exam_vessels__4</td><td>Neovascularization</td></tr><tr><td>5</td><td>eye_exam_vessels__5</td><td>Scars</td></tr><tr><td>6</td><td>eye_exam_vessels__6</td><td>Not visible</td></tr><tr><td>LA9191-3</td><td>eye_exam_vessels__la9191_3</td><td>Other, Specify</td></tr></table>			LA25504-4	eye_exam_vessels__la25504_4	Normal, with A:V=2:3 ratio	LA24644-9	eye_exam_vessels__la24644_9	Inflamed	LA24661-3	eye_exam_vessels__la24661_3	Inflamed	1	eye_exam_vessels__1	Tortuous vessels	2	eye_exam_vessels__2	Retinal Hemorrhage present	3	eye_exam_vessels__3	Retinal exudate present	4	eye_exam_vessels__4	Neovascularization	5	eye_exam_vessels__5	Scars	6	eye_exam_vessels__6	Not visible	LA9191-3	eye_exam_vessels__la9191_3	Other, Specify
LA25504-4	eye_exam_vessels__la25504_4	Normal, with A:V=2:3 ratio																																	
LA24644-9	eye_exam_vessels__la24644_9	Inflamed																																	
LA24661-3	eye_exam_vessels__la24661_3	Inflamed																																	
1	eye_exam_vessels__1	Tortuous vessels																																	
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3	eye_exam_vessels__3	Retinal exudate present																																	
4	eye_exam_vessels__4	Neovascularization																																	
5	eye_exam_vessels__5	Scars																																	
6	eye_exam_vessels__6	Not visible																																	
LA9191-3	eye_exam_vessels__la9191_3	Other, Specify																																	
183	[other_retina_finding] Show the field ONLY if: [eye_exam_vessels(LA9191-3)] = '1'	Other Retinal finding specify-	text																																
184	[intraocular_pressure_yes_no]	IIB. OCULAR INVESTIGATIONS Can the Intraocular pressure be measured?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No																										
1	Yes																																		
0	No																																		
185	[intraocular_pressure_right] Show the field ONLY if: [intraocular_pressure_yes_no] = '1'	Intraocular pressure right eye	text (number, Min: 0, Max: 60), Required																																
186	[intraocular_pressure_left] Show the field ONLY if: [intraocular_pressure_yes_no] = '1'	Intraocular pressure Left eye	text (number, Min: 0, Max: 60), Required																																
187	[usg_finding]	Ultrasonography findings of the affected eye	notes																																
188	[oct_finding_right]	Central macular thickness in Optical Coherence tomography of the right eye (um)	text																																
189	[oct_finding_left_eye]	Central macular thickness in Optical Coherence tomography of the left eye (um)	text																																
190	[cct_finding_right_eye]	Central corneal thickness in specular microscopy of the right eye (um)	text																																
191	[cct_finding_left_eye]	Central corneal thickness in specular microscopy of the left eye (um)	text																																
192	[hemo_globin]	IIC. LABORATORY INVESTIGATIONS Hemoglobin	text, Required																																
193	[esr]	ESR	text (number), Required																																
194	[tlc]	Total Leukocyte Count	text, Required																																
195	[tlc_2]	Neutrophil count % Lymphocyte count % Eosinophil count %	text, Required																																

196	[tlc_3]	Platelet count	text, Required																								
197	[blood_sugar]	Blood Sugar Level	text, Required																								
198	[tpha_vdrl]	TPHA/VDRL TEST POSITIVE	text, Required																								
199	[hiv]	HIV TEST POSITIVE	text, Required																								
200	[urine_rme]	Urine Routine Microscopic test	text, Required																								
201	[cxr]	Chest X-ray Finding (if done)	text																								
202	[shapu_stage]	II D. STAGING & TREATMENT STAGE OF SHAPU Disease	radio, Required <table> <tr><td>1</td><td>Stage 1- SHAPU SUSPECT</td></tr> <tr><td>2</td><td>Stage 2- MILD SHAPU</td></tr> <tr><td>3</td><td>Stage 3- MODERATE SHAPU</td></tr> <tr><td>4</td><td>Stage 4-SEVERE SHAPU</td></tr> </table>	1	Stage 1- SHAPU SUSPECT	2	Stage 2- MILD SHAPU	3	Stage 3- MODERATE SHAPU	4	Stage 4-SEVERE SHAPU																
1	Stage 1- SHAPU SUSPECT																										
2	Stage 2- MILD SHAPU																										
3	Stage 3- MODERATE SHAPU																										
4	Stage 4-SEVERE SHAPU																										
203	[treatment_medical]	Medical Treatment (Tick all that apply)	checkbox, Required <table> <tr><td>1</td><td>treatment_medical__1</td><td>Topical steroid</td></tr> <tr><td>2</td><td>treatment_medical__2</td><td>Topical Antibiotics</td></tr> <tr><td>3</td><td>treatment_medical__3</td><td>Topical Cycloplegics</td></tr> <tr><td>4</td><td>treatment_medical__4</td><td>Oral antibiotics</td></tr> <tr><td>5</td><td>treatment_medical__5</td><td>Oral NSAIDS</td></tr> <tr><td>6</td><td>treatment_medical__6</td><td>Oral Steroid</td></tr> <tr><td>7</td><td>treatment_medical__7</td><td>IV antibiotics</td></tr> <tr><td>8</td><td>treatment_medical__8</td><td>IV Steroid</td></tr> </table>	1	treatment_medical__1	Topical steroid	2	treatment_medical__2	Topical Antibiotics	3	treatment_medical__3	Topical Cycloplegics	4	treatment_medical__4	Oral antibiotics	5	treatment_medical__5	Oral NSAIDS	6	treatment_medical__6	Oral Steroid	7	treatment_medical__7	IV antibiotics	8	treatment_medical__8	IV Steroid
1	treatment_medical__1	Topical steroid																									
2	treatment_medical__2	Topical Antibiotics																									
3	treatment_medical__3	Topical Cycloplegics																									
4	treatment_medical__4	Oral antibiotics																									
5	treatment_medical__5	Oral NSAIDS																									
6	treatment_medical__6	Oral Steroid																									
7	treatment_medical__7	IV antibiotics																									
8	treatment_medical__8	IV Steroid																									
204	[treatment_intraocular]	INTRAOCULAR INJECTION	yesno, Required <table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
205	[treatment_intraocular_injec]	INTRAOCULAR INJECTION (Tick all that apply)	checkbox <table> <tr><td>1</td><td>treatment_intraocular_injec__1</td><td>Subconjunctival Inj</td></tr> <tr><td>2</td><td>treatment_intraocular_injec__2</td><td>Subconjunctival Inj</td></tr> <tr><td>7</td><td>treatment_intraocular_injec__7</td><td>Subconjunctival m</td></tr> <tr><td>3</td><td>treatment_intraocular_injec__3</td><td>Intravitreal Vancomycin+Cefta (VCD)</td></tr> <tr><td>4</td><td>treatment_intraocular_injec__4</td><td>Intravitreal Tricort+Dexameth (TDM)</td></tr> <tr><td>5</td><td>treatment_intraocular_injec__5</td><td>Intravitreal Tricort+Dexameth (TDV)</td></tr> <tr><td>6</td><td>treatment_intraocular_injec__6</td><td>Other</td></tr> </table>	1	treatment_intraocular_injec__1	Subconjunctival Inj	2	treatment_intraocular_injec__2	Subconjunctival Inj	7	treatment_intraocular_injec__7	Subconjunctival m	3	treatment_intraocular_injec__3	Intravitreal Vancomycin+Cefta (VCD)	4	treatment_intraocular_injec__4	Intravitreal Tricort+Dexameth (TDM)	5	treatment_intraocular_injec__5	Intravitreal Tricort+Dexameth (TDV)	6	treatment_intraocular_injec__6	Other			
1	treatment_intraocular_injec__1	Subconjunctival Inj																									
2	treatment_intraocular_injec__2	Subconjunctival Inj																									
7	treatment_intraocular_injec__7	Subconjunctival m																									
3	treatment_intraocular_injec__3	Intravitreal Vancomycin+Cefta (VCD)																									
4	treatment_intraocular_injec__4	Intravitreal Tricort+Dexameth (TDM)																									
5	treatment_intraocular_injec__5	Intravitreal Tricort+Dexameth (TDV)																									
6	treatment_intraocular_injec__6	Other																									
206	[other_intraocular_injec] Show the field ONLY if: [treatment_intraocular_injec (6)] = '1'	Other intraocular injection- Specify	text																								
207	[treatment_surgery]	Surgical Treatment (Tick all that apply)	checkbox, Required <table> <tr><td>1</td><td>treatment_surgery__1</td><td>Core Vitrectomy</td></tr> <tr><td>2</td><td>treatment_surgery__2</td><td>Anterior Vitrectomy</td></tr> <tr><td>3</td><td>treatment_surgery__3</td><td>Total Vitrectomy</td></tr> <tr><td>4</td><td>treatment_surgery__4</td><td>Fluid Air Exchange</td></tr> <tr><td>5</td><td>treatment_surgery__5</td><td>Silicone oil insertion</td></tr> <tr><td>6</td><td>treatment_surgery__6</td><td>Panretinal Photocoagulation</td></tr> </table>	1	treatment_surgery__1	Core Vitrectomy	2	treatment_surgery__2	Anterior Vitrectomy	3	treatment_surgery__3	Total Vitrectomy	4	treatment_surgery__4	Fluid Air Exchange	5	treatment_surgery__5	Silicone oil insertion	6	treatment_surgery__6	Panretinal Photocoagulation						
1	treatment_surgery__1	Core Vitrectomy																									
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6	treatment_surgery__6	Panretinal Photocoagulation																									

				7	treatment_surgery__7	Other																																						
	208	[other_surgery] Show the field ONLY if: [treatment_surgery(7)] = '1'	Other Surgical Procedure-specify	text																																								
	209	[logmar_log_1_week]	III. FOLLOW-UP FINDINGS @ 1 week Log Mar best corrected Visual acuity of the affected eye	radio, Required <table><tr><td>LA6111-4</td><td>0.00 (6/6)</td></tr><tr><td>LA24576-3</td><td>0.20 (6/9)</td></tr><tr><td>LA24578-9</td><td>0.30 (6/12)</td></tr><tr><td>LA24581-3</td><td>0.50 (6/18)</td></tr><tr><td>LA24583-9</td><td>0.60 (6/24)</td></tr><tr><td>LA24585-4</td><td>0.75 (6/36)</td></tr><tr><td>LA24587-0</td><td>0.90 (6/48)</td></tr><tr><td>LA24588-8</td><td>1.00 (6/60)</td></tr><tr><td>LA24589-6</td><td>1.08 (5/60)</td></tr><tr><td>LA24590-4</td><td>1.18 (4/60)</td></tr><tr><td>LA15765-3</td><td>1.30 (3/60)</td></tr><tr><td>LA24591-2</td><td>1.48 (2/60)</td></tr><tr><td>LA24592-0</td><td>1.78 (1/60)</td></tr><tr><td>LA24593-8</td><td>1.90 (CFCF)</td></tr><tr><td>LA24596-1</td><td>2.3 (HM)</td></tr><tr><td>LA24597-9</td><td>PL (Perception of Light)</td></tr><tr><td>LA24598-10</td><td>NPL (No Perception of Light)</td></tr><tr><td>2</td><td>F & F (Follows and fixates light)</td></tr><tr><td>3</td><td>Unable to assess in a pre-verbal child</td></tr></table>			LA6111-4	0.00 (6/6)	LA24576-3	0.20 (6/9)	LA24578-9	0.30 (6/12)	LA24581-3	0.50 (6/18)	LA24583-9	0.60 (6/24)	LA24585-4	0.75 (6/36)	LA24587-0	0.90 (6/48)	LA24588-8	1.00 (6/60)	LA24589-6	1.08 (5/60)	LA24590-4	1.18 (4/60)	LA15765-3	1.30 (3/60)	LA24591-2	1.48 (2/60)	LA24592-0	1.78 (1/60)	LA24593-8	1.90 (CFCF)	LA24596-1	2.3 (HM)	LA24597-9	PL (Perception of Light)	LA24598-10	NPL (No Perception of Light)	2	F & F (Follows and fixates light)	3	Unable to assess in a pre-verbal child
LA6111-4	0.00 (6/6)																																											
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3	Unable to assess in a pre-verbal child																																											
	210	[exam_conjunctiva_1st_week]	Conjunctival Congestion	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Resolving congestion</td></tr><tr><td>2</td><td>Resolved congestion</td></tr></table>			0	Absent	1	Resolving congestion	2	Resolved congestion																																
0	Absent																																											
1	Resolving congestion																																											
2	Resolved congestion																																											
	211	[cornea_findings_1st_week]	Presence of corneal findings	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No																																		
1	Yes																																											
0	No																																											
	212	[eyes_exam_cornea] Show the field ONLY if: [cornea_findings_1st_week] = '1'	Corneal Findings	checkbox, Required <table><tr><td>1</td><td>eyes_exam_cornea__1</td><td>Keratic precipitates present as before</td></tr><tr><td>2</td><td>eyes_exam_cornea__2</td><td>Keratic precipitates - reducing in number and size</td></tr><tr><td>3</td><td>eyes_exam_cornea__3</td><td>Superficial Punctate Erosions</td></tr><tr><td>4</td><td>eyes_exam_cornea__4</td><td>Corneal Edema present as before</td></tr><tr><td>5</td><td>eyes_exam_cornea__5</td><td>Corneal Edema-reducing than before</td></tr><tr><td>6</td><td>eyes_exam_cornea__6</td><td>Corneal Infiltration present as before</td></tr><tr><td>7</td><td>eyes_exam_cornea__7</td><td>Corneal Infiltration-reducing than before</td></tr></table>			1	eyes_exam_cornea__1	Keratic precipitates present as before	2	eyes_exam_cornea__2	Keratic precipitates - reducing in number and size	3	eyes_exam_cornea__3	Superficial Punctate Erosions	4	eyes_exam_cornea__4	Corneal Edema present as before	5	eyes_exam_cornea__5	Corneal Edema-reducing than before	6	eyes_exam_cornea__6	Corneal Infiltration present as before	7	eyes_exam_cornea__7	Corneal Infiltration-reducing than before																	
1	eyes_exam_cornea__1	Keratic precipitates present as before																																										
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6	eyes_exam_cornea__6	Corneal Infiltration present as before																																										
7	eyes_exam_cornea__7	Corneal Infiltration-reducing than before																																										
	213	[eye_setae_1]	Is there presence of setae in eye?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No																																		
1	Yes																																											
0	No																																											

214	[moth_setae] Show the field ONLY if: [eye_setae_1] = '1'	Presence of Setae/Hair particles of the white moth	checkbox, Required		
			1	moth_setae__1	Present in the conjunctival surface
			2	moth_setae__2	Present in the corneal surface
			3	moth_setae__3	Present in the anterior chamber
			4	moth_setae__4	Present in the vitreous chamber
			5	moth_setae__5	Present in the retina
215	[eyes_exam_ac_cells_grading_2]	Anterior Chamber Cells Grading	radio, Required		
			1	Grade 0 (No cells)	
			7	Grade 0.5/Trace (1-5 cells)	
			8	Grade 1+ (6-15 cells)	
			2	Grade 2+ (16-25 cells)	
			3	Grade 3+ (26-50 cells)	
			4	Grade 4+ (>50 cells)	
216	[eyes_exam_ac_flare_grading_2]	Anterior Chamber Flare Grading	radio, Required		
			7	Grade 0: None	
			8	Grade 1+ (Faint): Faint flare	
			9	Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)	
			10	Grade 3+ (Marked): Marked flare (iris and lens details are hazy)	
			11	Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)	
217	[exam_hypopyon_1st_week]	Hypopyon (pus in anterior chamber)	radio, Required		
			1	< 1 mm	
			2	1-2 mm	
			3	2-5 mm	
			4	> 5 mm	
			5	Absent	
218	[exam_iris_1st_week]	Iris details of the affected eye	checkbox, Required		
			LA25504-4	exam_iris_1st_week__la25504_4	Normal iris
			LA24644-9	exam_iris_1st_week__la24644_9	Patchy/Sclerotic atrophy
			LA24661-3	exam_iris_1st_week__la24661_3	Diffuse atrophy
			LA24763-7	exam_iris_1st_week__la24763_7	Iris neovascularization
			1	exam_iris_1st_week__1	Exudates/crypts
219	[exam_pupil_1st_week]	Pupil Findings	checkbox, Required		
			LA25504-4	exam_pupil_1st_week__la25504_4	Normal round, regular pupil
			LA24644-9	exam_pupil_1st_week__la24644_9	Irregular with posterior synechia
			LA24661-3	exam_pupil_1st_week__la24661_3	Difficult to dilate pupil

				LA24763-7	exam_pupil_1st_week__la24763_7	Fully dilating
				1	exam_pupil_1st_week__1	RAPD Present
220	[eye_exam_lens_2]	Lens Findings	checkbox, Required			
			LA25504-4	eye_exam_lens_2__la25504_4	Normal, clear lens	
			LA24644-9	eye_exam_lens_2__la24644_9	Polychromasia, lustre	
			LA24661-3	eye_exam_lens_2__la24661_3	Posterior subcapsular cataract	
			LA24763-7	eye_exam_lens_2__la24763_7	Cataract, other type	
			1	eye_exam_lens_2__1	Iris pigment deposits on lens capsule	
			2	eye_exam_lens_2__2	Pseudophakia	
			3	eye_exam_lens_2__3	Aphakia	
221	[leukocoria_1st_week]	Leukocoria	yesno, Required			
			1	Yes		
			0	No		
222	[fundal_glow_1st_week]	Fundal glow visible	yesno, Required			
			1	Yes		
			0	No		
223	[exam_vc_1st_week]	Vitreous Cells Grading (SUN)	radio, Required			
			1	Grade 0 (No cells)		
			8	Grade 0.5 (1-5 cells)		
			9	Grade 1+ (6-10 cells)		
			2	Grade 2+ (11-20 cells)		
			3	Grade 3+ (21-50 cells)		
			4	Grade 4+ (>51 cells)		
224	[exam_v_haze_1st_week]	Vitreous Haze Grading (NIH)	radio, Required			
			7	Grade 0: Clear view of the nerve fiber layer / fundus		
			8	Grade 0.5+ (Trace haze)		
			9	Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)		
			13	Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)		
			14	Grade 3+ (Marked haze; only the optic disc is visible)		
			12	Grade 4+ (Severe haze; optic disc is not visible)		
225	[exam_optic_disc_1st_wk]	Optic Disc Findings	checkbox, Required			
			LA25504-4	exam_optic_disc_1st_wk__la25504_4	Normal optic disc	
			LA24644-9	exam_optic_disc_1st_wk__la24644_9	Disc oedema	
			LA24661-3	exam_optic_disc_1st_wk__la24661_3	Disc Atrophy	
			1	exam_optic_disc_1st_wk__1	Enlarged Cup-Disc Ratio	

				LA24763-7	exam_optic_disc_1st_wk__la24763_7	Not visible
226	[exam_macula_1st_wk]	Macula Finding	checkbox, Required			
			LA25504-4	exam_macula_1st_wk__la25504_4	Normal sharp FR+	
			LA24644-9	exam_macula_1st_wk__la24644_9	Macula oedema	
			LA24661-3	exam_macula_1st_wk__la24661_3	Not visible	
227	[exam_vessels_1st_wk]	Retinal Vessels Finding	checkbox, Required			
			LA25504-4	exam_vessels_1st_wk__la25504_4	Normal A:V=2:3	
			LA24644-9	exam_vessels_1st_wk__la24644_9	Inflamm	
			LA24661-3	exam_vessels_1st_wk__la24661_3	Inflamm	
			1	exam_vessels_1st_wk__1	Tortuous	
			2	exam_vessels_1st_wk__2	Retinal Hemorrh present	
			3	exam_vessels_1st_wk__3	Retinal present	
			4	exam_vessels_1st_wk__4	Neovas	
			5	exam_vessels_1st_wk__5	Scars	
			6	exam_vessels_1st_wk__6	Not visi	
228	[iop_right_1st_week]	Intraocular pressure Right eye	text (number), Required			
229	[iop_left_1st_week]	Intraocular pressure Left eye	text (number), Required			
230	[leukocoria_1st_week_2]	Leukocoria	yesno, Required			
			1	Yes		
			0	No		
231	[tx_intraocular_injec_1st_wk]	INTRAOCULAR INJECTION (Tick all that apply)	checkbox, Required			
			1	tx_intraocular_injec_1st_wk__1	Not repeated	
			8	tx_intraocular_injec_1st_wk__8	Subconjunctival Inj	
			2	tx_intraocular_injec_1st_wk__2	Subconjunctival Inj	
			7	tx_intraocular_injec_1st_wk__7	Subconjunctival m	
			3	tx_intraocular_injec_1st_wk__3	Intravitreal Vancomycin+Cefta (VCD)	
			4	tx_intraocular_injec_1st_wk__4	Intravitreal Tricort+Dexametha (TDM)	
			5	tx_intraocular_injec_1st_wk__5	Intravitreal Tricort+Dexametha (TDV)	
			6	tx_intraocular_injec_1st_wk__6	Other	
232	[treatment_medical_2]	Medical Treatment (Tick all that apply)	checkbox, Required			
			1	treatment_medical_2__1	Topical steroid	
			2	treatment_medical_2__2	Topical Antibiotics	
			3	treatment_medical_2__3	Topical Cycloplegics	
			4	treatment_medical_2__4	Oral antibiotics	
			5	treatment_medical_2__5	Oral NSAIDS	
			6	treatment_medical_2__6	Oral Steroid	

				<table border="1"> <tr> <td>7</td><td>treatment_medical_2__7</td><td>IV antibiotics</td></tr> <tr> <td>8</td><td>treatment_medical_2__8</td><td>IV Steroid</td></tr> </table>	7	treatment_medical_2__7	IV antibiotics	8	treatment_medical_2__8	IV Steroid																															
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233	[tx_surgery_1st_week]	Surgical Treatment (Tick all that apply)	checkbox, Required <table border="1"> <tr> <td>1</td><td>tx_surgery_1st_week__1</td><td>No Procedure Repeated</td></tr> <tr> <td>8</td><td>tx_surgery_1st_week__8</td><td>Core Vitrectomy</td></tr> <tr> <td>2</td><td>tx_surgery_1st_week__2</td><td>Anterior Vitrectomy</td></tr> <tr> <td>3</td><td>tx_surgery_1st_week__3</td><td>Total Vitrectomy</td></tr> <tr> <td>4</td><td>tx_surgery_1st_week__4</td><td>Fluid Air Exchange</td></tr> <tr> <td>5</td><td>tx_surgery_1st_week__5</td><td>Silicone oil insertion</td></tr> <tr> <td>6</td><td>tx_surgery_1st_week__6</td><td>Panretinal Photocoagulation</td></tr> <tr> <td>7</td><td>tx_surgery_1st_week__7</td><td>Other</td></tr> </table>	1	tx_surgery_1st_week__1	No Procedure Repeated	8	tx_surgery_1st_week__8	Core Vitrectomy	2	tx_surgery_1st_week__2	Anterior Vitrectomy	3	tx_surgery_1st_week__3	Total Vitrectomy	4	tx_surgery_1st_week__4	Fluid Air Exchange	5	tx_surgery_1st_week__5	Silicone oil insertion	6	tx_surgery_1st_week__6	Panretinal Photocoagulation	7	tx_surgery_1st_week__7	Other														
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7	tx_surgery_1st_week__7	Other																																							
234	[logmar_log_1_month]	III. FOLLOW-UP FINDINGS @ 1 month Log Mar best corrected Visual acuity of the affected eye	radio, Required <table border="1"> <tr><td>LA6111-4</td><td>0.00 (6/6)</td></tr> <tr><td>LA24576-3</td><td>0.20 (6/9)</td></tr> <tr><td>LA24578-9</td><td>0.30 (6/12)</td></tr> <tr><td>LA24581-3</td><td>0.50 (6/18)</td></tr> <tr><td>LA24583-9</td><td>0.60 (6/24)</td></tr> <tr><td>LA24585-4</td><td>0.75 (6/36)</td></tr> <tr><td>LA24587-0</td><td>0.90 (6/48)</td></tr> <tr><td>LA24588-8</td><td>1.00 (6/60)</td></tr> <tr><td>LA24589-6</td><td>1.08 (5/60)</td></tr> <tr><td>LA24590-4</td><td>1.18 (4/60)</td></tr> <tr><td>LA15765-3</td><td>1.30 (3/60)</td></tr> <tr><td>LA24591-2</td><td>1.48 (2/60)</td></tr> <tr><td>LA24592-0</td><td>1.78 (1/60)</td></tr> <tr><td>LA24593-8</td><td>1.90 (CFCF)</td></tr> <tr><td>LA24596-1</td><td>2.3 (HM)</td></tr> <tr><td>LA24597-9</td><td>PL (Perception of Light)</td></tr> <tr><td>LA24598-10</td><td>NPL (No Perception of Light)</td></tr> <tr><td>2</td><td>F & F (Follows and fixates light)</td></tr> <tr><td>3</td><td>Unable to assess in a pre-verbal child</td></tr> </table>	LA6111-4	0.00 (6/6)	LA24576-3	0.20 (6/9)	LA24578-9	0.30 (6/12)	LA24581-3	0.50 (6/18)	LA24583-9	0.60 (6/24)	LA24585-4	0.75 (6/36)	LA24587-0	0.90 (6/48)	LA24588-8	1.00 (6/60)	LA24589-6	1.08 (5/60)	LA24590-4	1.18 (4/60)	LA15765-3	1.30 (3/60)	LA24591-2	1.48 (2/60)	LA24592-0	1.78 (1/60)	LA24593-8	1.90 (CFCF)	LA24596-1	2.3 (HM)	LA24597-9	PL (Perception of Light)	LA24598-10	NPL (No Perception of Light)	2	F & F (Follows and fixates light)	3	Unable to assess in a pre-verbal child
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235	[eyes_exam_cornea_1_mth]	Corneal Findings	checkbox, Required <table border="1"> <tr> <td>1</td><td>eyes_exam_cornea_1_mth__1</td><td>Keratic precipitates present as before</td></tr> <tr> <td>2</td><td>eyes_exam_cornea_1_mth__2</td><td>Keratic precipitates - reducing in number and size</td></tr> <tr> <td>3</td><td>eyes_exam_cornea_1_mth__3</td><td>Superficial Punctate Erosions</td></tr> <tr> <td>4</td><td>eyes_exam_cornea_1_mth__4</td><td>Corneal Edema present as before</td></tr> <tr> <td>5</td><td>eyes_exam_cornea_1_mth__5</td><td>Corneal Edema-reducing than before</td></tr> </table>	1	eyes_exam_cornea_1_mth__1	Keratic precipitates present as before	2	eyes_exam_cornea_1_mth__2	Keratic precipitates - reducing in number and size	3	eyes_exam_cornea_1_mth__3	Superficial Punctate Erosions	4	eyes_exam_cornea_1_mth__4	Corneal Edema present as before	5	eyes_exam_cornea_1_mth__5	Corneal Edema-reducing than before																							
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				<table><tr><td>6</td><td>eyes_exam_cornea_1_mth__6</td><td>Corneal Infiltration present as before</td></tr><tr><td>7</td><td>eyes_exam_cornea_1_mth__7</td><td>Corneal Infiltration-reducing than before</td></tr><tr><td>8</td><td>eyes_exam_cornea_1_mth__8</td><td>Normal</td></tr></table>	6	eyes_exam_cornea_1_mth__6	Corneal Infiltration present as before	7	eyes_exam_cornea_1_mth__7	Corneal Infiltration-reducing than before	8	eyes_exam_cornea_1_mth__8	Normal															
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8	eyes_exam_cornea_1_mth__8	Normal																										
236	[eyes_exam_ac_cells_1st_month]	Anterior Chamber Cells Grading		<table><tr><td colspan="3">radio, Required</td></tr><tr><td>1</td><td colspan="2">Grade 0 (No cells)</td></tr><tr><td>7</td><td colspan="2">Grade 0.5/Trace (1-5 cells)</td></tr><tr><td>8</td><td colspan="2">Grade 1+ (6-15 cells)</td></tr><tr><td>2</td><td colspan="2">Grade 2+ (16-25 cells)</td></tr><tr><td>3</td><td colspan="2">Grade 3+ (26-50 cells)</td></tr><tr><td>4</td><td colspan="2">Grade 4+ (>50 cells)</td></tr><tr><td>9</td><td colspan="2">Fibrin</td></tr></table>	radio, Required			1	Grade 0 (No cells)		7	Grade 0.5/Trace (1-5 cells)		8	Grade 1+ (6-15 cells)		2	Grade 2+ (16-25 cells)		3	Grade 3+ (26-50 cells)		4	Grade 4+ (>50 cells)		9	Fibrin	
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238	[exam_pupil_1st_month]	Pupil Findings		<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>LA25504-4</td><td>exam_pupil_1st_month__la25504_4</td><td>Normal round regular pupil</td></tr><tr><td>LA24644-9</td><td>exam_pupil_1st_month__la24644_9</td><td>Irrregular with posterior synechiae</td></tr><tr><td>LA24661-3</td><td>exam_pupil_1st_month__la24661_3</td><td>Difficult to dilate pupil</td></tr><tr><td>LA24763-7</td><td>exam_pupil_1st_month__la24763_7</td><td>Fully dilated</td></tr><tr><td>1</td><td>exam_pupil_1st_month__1</td><td>RAPD Present</td></tr></table>	checkbox, Required			LA25504-4	exam_pupil_1st_month__la25504_4	Normal round regular pupil	LA24644-9	exam_pupil_1st_month__la24644_9	Irrregular with posterior synechiae	LA24661-3	exam_pupil_1st_month__la24661_3	Difficult to dilate pupil	LA24763-7	exam_pupil_1st_month__la24763_7	Fully dilated	1	exam_pupil_1st_month__1	RAPD Present						
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239	[eye_exam_lens_1st_month]	Lens Findings		<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>LA25504-4</td><td>eye_exam_lens_1st_month__la25504_4</td><td>No lens</td></tr><tr><td>LA24644-9</td><td>eye_exam_lens_1st_month__la24644_9</td><td>Partial cataract</td></tr><tr><td>LA24661-3</td><td>eye_exam_lens_1st_month__la24661_3</td><td>Partial cataract</td></tr><tr><td>LA24763-7</td><td>eye_exam_lens_1st_month__la24763_7</td><td>Cataract</td></tr><tr><td>1</td><td>eye_exam_lens_1st_month__1</td><td>Iris details</td></tr><tr><td>2</td><td>eye_exam_lens_1st_month__2</td><td>Posterior</td></tr></table>	checkbox, Required			LA25504-4	eye_exam_lens_1st_month__la25504_4	No lens	LA24644-9	eye_exam_lens_1st_month__la24644_9	Partial cataract	LA24661-3	eye_exam_lens_1st_month__la24661_3	Partial cataract	LA24763-7	eye_exam_lens_1st_month__la24763_7	Cataract	1	eye_exam_lens_1st_month__1	Iris details	2	eye_exam_lens_1st_month__2	Posterior			
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				3	eye_exam_lens_1st_month__3	Ac																																		
240	[exam_vit_cells_1st_month]	Vitreous Cells Grading	radio, Required <table border="1"> <tr><td>1</td><td>Grade 0 (No cells)</td></tr> <tr><td>8</td><td>Grade 0.5 (1-5 cells)</td></tr> <tr><td>9</td><td>Grade 1+ (6-10 cells)</td></tr> <tr><td>2</td><td>Grade 2+ (11-20 cells)</td></tr> <tr><td>3</td><td>Grade 3+ (21-50 cells)</td></tr> <tr><td>4</td><td>Grade 4+ (>51 cells)</td></tr> </table>	1	Grade 0 (No cells)	8	Grade 0.5 (1-5 cells)	9	Grade 1+ (6-10 cells)	2	Grade 2+ (11-20 cells)	3	Grade 3+ (21-50 cells)	4	Grade 4+ (>51 cells)																									
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241	[exam_vit_haze_1st_month]	Vitreous Haze Grading	radio, Required <table border="1"> <tr><td>8</td><td>Grade 0: Clear view of the nerve fiber layer / fundus</td></tr> <tr><td>9</td><td>• Grade 0.5+ (Trace haze)</td></tr> <tr><td>10</td><td>• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)</td></tr> <tr><td>11</td><td>• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)</td></tr> <tr><td>12</td><td>• Grade 3+ (Marked haze; only the optic disc is visible)</td></tr> <tr><td>13</td><td>• Grade 4+ (Severe haze; optic disc is not visible)</td></tr> </table>	8	Grade 0: Clear view of the nerve fiber layer / fundus	9	• Grade 0.5+ (Trace haze)	10	• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)	11	• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)	12	• Grade 3+ (Marked haze; only the optic disc is visible)	13	• Grade 4+ (Severe haze; optic disc is not visible)																									
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242	[fundal_glow_1st_month]	Fundal glow visible	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																	
1	Yes																																							
0	No																																							
243	[exam_vessels_1st_month]	Retinal Vessels Finding	checkbox, Required <table border="1"> <tr><td>LA25504-4</td><td>exam_vessels_1st_month__la25504_4</td><td>Npr</td></tr> <tr><td>LA24644-9</td><td>exam_vessels_1st_month__la24644_9</td><td>Infla</td></tr> <tr><td>LA24661-3</td><td>exam_vessels_1st_month__la24661_3</td><td>Infla</td></tr> <tr><td>1</td><td>exam_vessels_1st_month__1</td><td>Ton</td></tr> <tr><td>2</td><td>exam_vessels_1st_month__2</td><td>Reti</td></tr> <tr><td></td><td></td><td>Her</td></tr> <tr><td></td><td></td><td>pre:</td></tr> <tr><td>3</td><td>exam_vessels_1st_month__3</td><td>Reti</td></tr> <tr><td></td><td></td><td>pre:</td></tr> <tr><td>4</td><td>exam_vessels_1st_month__4</td><td>Nec</td></tr> <tr><td>5</td><td>exam_vessels_1st_month__5</td><td>Scal</td></tr> <tr><td>6</td><td>exam_vessels_1st_month__6</td><td>Not</td></tr> </table>	LA25504-4	exam_vessels_1st_month__la25504_4	Npr	LA24644-9	exam_vessels_1st_month__la24644_9	Infla	LA24661-3	exam_vessels_1st_month__la24661_3	Infla	1	exam_vessels_1st_month__1	Ton	2	exam_vessels_1st_month__2	Reti			Her			pre:	3	exam_vessels_1st_month__3	Reti			pre:	4	exam_vessels_1st_month__4	Nec	5	exam_vessels_1st_month__5	Scal	6	exam_vessels_1st_month__6	Not	
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5	exam_vessels_1st_month__5	Scal																																						
6	exam_vessels_1st_month__6	Not																																						
244	[tx_intr_injec_1st_month]	INTRAOcular INJECTION (Tick all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>tx_intr_injec_1st_month__1</td><td>Not repeated</td></tr> <tr><td>8</td><td>tx_intr_injec_1st_month__8</td><td>Subconjunctival Injecti</td></tr> <tr><td>2</td><td>tx_intr_injec_1st_month__2</td><td>Subconjunctival Injecti</td></tr> <tr><td>7</td><td>tx_intr_injec_1st_month__7</td><td>Subconjunctival mydri</td></tr> <tr><td>3</td><td>tx_intr_injec_1st_month__3</td><td>Intravitreal Vancomycin+Ceftazidim (VCD)</td></tr> <tr><td>4</td><td>tx_intr_injec_1st_month__4</td><td>Intravitreal Tricort+Dexamethasor (TDM)</td></tr> <tr><td>5</td><td>tx_intr_injec_1st_month__5</td><td>Intravitreal Tricort+Dexamethasor (TDV)</td></tr> </table>	1	tx_intr_injec_1st_month__1	Not repeated	8	tx_intr_injec_1st_month__8	Subconjunctival Injecti	2	tx_intr_injec_1st_month__2	Subconjunctival Injecti	7	tx_intr_injec_1st_month__7	Subconjunctival mydri	3	tx_intr_injec_1st_month__3	Intravitreal Vancomycin+Ceftazidim (VCD)	4	tx_intr_injec_1st_month__4	Intravitreal Tricort+Dexamethasor (TDM)	5	tx_intr_injec_1st_month__5	Intravitreal Tricort+Dexamethasor (TDV)																
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5	tx_intr_injec_1st_month__5	Intravitreal Tricort+Dexamethasor (TDV)																																						

				6	tx_intr_injec_1st_month__6	Other
245	[tx_medical_1st_month]	Medical Treatment (Tick all that apply)	checkbox, Required	1	tx_medical_1st_month__1	Topical steroid
				2	tx_medical_1st_month__2	Topical Antibiotics
				3	tx_medical_1st_month__3	Topical Cycloplegics
				4	tx_medical_1st_month__4	Oral antibiotics
				5	tx_medical_1st_month__5	Oral NSAIDS
				6	tx_medical_1st_month__6	Oral Steroid
				7	tx_medical_1st_month__7	IV antibiotics
				8	tx_medical_1st_month__8	IV Steroid
				9	tx_medical_1st_month__9	None
246	[tx_surgery_1st_month]	Surgical Treatment (Tick all that apply)	checkbox, Required	1	tx_surgery_1st_month__1	No Procedure Repeated
				8	tx_surgery_1st_month__8	Core Vitrectomy
				2	tx_surgery_1st_month__2	Anterior Vitrectomy
				3	tx_surgery_1st_month__3	Total Vitrectomy
				4	tx_surgery_1st_month__4	Fluid Air Exchange
				5	tx_surgery_1st_month__5	Silicone oil insertion
				6	tx_surgery_1st_month__6	Panretinal Photocoagulation
				7	tx_surgery_1st_month__7	Other
247	[logmar_log_3rd_month]	III. FOLLOW-UP FINDINGS @ 3 month Log Mar best corrected Visual acuity of the affected eye	radio, Required	LA6111-4	0.00 (6/6)	
				LA24576-3	0.20 (6/9)	
				LA24578-9	0.30 (6/12)	
				LA24581-3	0.50 (6/18)	
				LA24583-9	0.60 (6/24)	
				LA24585-4	0.75 (6/36)	
				LA24587-0	0.90 (6/48)	
				LA24588-8	1.00 (6/60)	
				LA24589-6	1.08 (5/60)	
				LA24590-4	1.18 (4/60)	
				LA15765-3	1.30 (3/60)	
				LA24591-2	1.48 (2/60)	
				LA24592-0	1.78 (1/60)	
				LA24593-8	1.90 (CFCF)	
				LA24596-1	2.3 (HM)	
				LA24597-9	PL (Perception of Light)	
				LA24598-10	NPL (No Perception of Light)	
				2	F & F (Follows and fixates light)	
				3	Unable to assess in a pre-verbal child	
248	[eyes_exam_cornea_3_mth]	Corneal Findings	checkbox, Required	1	eyes_exam_cornea_3_mth__1	Keratic precipitates present as before
				2	eyes_exam_cornea_3_mth__2	Keratic precipitates - reducing in

								number and size
				3	eyes_exam_cornea_3_mth__3			Superficial Punctate Erosions
				4	eyes_exam_cornea_3_mth__4			Corneal Edema present as before
				5	eyes_exam_cornea_3_mth__5			Corneal Edema-reducing than before
				6	eyes_exam_cornea_3_mth__6			Corneal Infiltration present as before
				7	eyes_exam_cornea_3_mth__7			Corneal Infiltration-reducing than before
				8	eyes_exam_cornea_3_mth__8			Normal
249	[eyes_ac_cells_3rd_month]	Anterior Chamber Cells Grading		radio, Required				
				1	Grade 0 (No cells)			
				7	Grade 0.5/Trace (1-5 cells)			
				8	Grade 1+ (6-15 cells)			
				2	Grade 2+ (16-25 cells)			
				3	Grade 3+ (26-50 cells)			
				4	Grade 4+ (>50 cells)			
250	[eyes_ac_flare_3rd_month]	Anterior Chamber Flare Grading		radio, Required				
				1	1+ Flare			
				2	2+ Flare			
				3	3+ Flare			
				4	4+ Flare			
				5	Fibrin Present			
				6	Flare Absent			
				7	• Grade 0: None			
				8	• Grade 1+ (Faint): Faint flare			
				9	• Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)			
				10	• Grade 3+ (Marked): Marked flare (iris and lens details are hazy)			
				11	• Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)			
251	[exam_pupil_3rd_month]	Pupil Findings		checkbox, Required				
				LA25504-4	exam_pupil_3rd_month__la25504_4			Normal round regular pupil
				LA24644-9	exam_pupil_3rd_month__la24644_9			Irregular with posterior synechiae
				LA24661-3	exam_pupil_3rd_month__la24661_3			Difficult to dilate pupil
				LA24763-7	exam_pupil_3rd_month__la24763_7			Fully dilated

				1	exam_pupil_3rd_month__1	RAPD Prese
252	[eye_exam_lens_3rd_month]	Lens Findings	checkbox, Required	LA25504-4	eye_exam_lens_3rd_month__la25504_4	N le
				LA24644-9	eye_exam_lens_3rd_month__la24644_9	Pe lu
				LA24661-3	eye_exam_lens_3rd_month__la24661_3	Pe su ca
				LA24763-7	eye_exam_lens_3rd_month__la24763_7	Ca ot
				1	eye_exam_lens_3rd_month__1	Iri de le
				2	eye_exam_lens_3rd_month__2	Ps
				3	eye_exam_lens_3rd_month__3	Aj
253	[exam_vit_cells_3rd_month]	Vitreous Cells Grading	radio, Required	1	Grade 0 (No cells)	
				8	Grade 0.5 (1-5 cells)	
				9	Grade 1+ (6-10 cells)	
				2	Grade 2+ (11-20 cells)	
				3	Grade 3+ (21-50 cells)	
				4	Grade 4+ (>51 cells)	
254	[exam_vit_haze_3rd_month]	Vitreous Haze Grading	radio, Required	8	Grade 0: Clear view of the nerve fiber layer / fundus	
				9	• Grade 0.5+ (Trace haze)	
				10	• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)	
				11	• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)	
				12	• Grade 3+ (Marked haze; only the optic disc is visible)	
				13	• Grade 4+ (Severe haze; optic disc is not visible)	
255	[fundal_glow_3rd_month]	Fundal glow visible	yesno, Required	1	Yes	
				0	No	
256	[exam_vessels_3rd_month]	Retinal Vessels Finding	checkbox, Required	LA25504-4	exam_vessels_3rd_month__la25504_4	No AV
				LA24644-9	exam_vessels_3rd_month__la24644_9	Infl
				LA24661-3	exam_vessels_3rd_month__la24661_3	Infl
				1	exam_vessels_3rd_month__1	Tr
				2	exam_vessels_3rd_month__2	Ret Her pre
				3	exam_vessels_3rd_month__3	Ret pre
				4	exam_vessels_3rd_month__4	Ne
				5	exam_vessels_3rd_month__5	Sta

				6	exam_vessels_3rd_month__6	Not
257	[tx_medical_3rd_month]	Medical Treatment (Tick all that apply)	checkbox, Required	1	tx_medical_3rd_month__1	Topical steroid
				2	tx_medical_3rd_month__2	Topical Antibiotics
				3	tx_medical_3rd_month__3	Topical Cycloplegics
				4	tx_medical_3rd_month__4	Oral antibiotics
				5	tx_medical_3rd_month__5	Oral NSAIDS
				6	tx_medical_3rd_month__6	Oral Steroid
				7	tx_medical_3rd_month__7	IV antibiotics
				8	tx_medical_3rd_month__8	IV Steroid
				9	tx_medical_3rd_month__9	None
258	[tx_surgery_3rd_month]	Surgical Treatment (Tick all that apply)	checkbox, Required	1	tx_surgery_3rd_month__1	No Procedure Repeated
				8	tx_surgery_3rd_month__8	Core Vitrectomy
				2	tx_surgery_3rd_month__2	Anterior Vitrectomy
				3	tx_surgery_3rd_month__3	Total Vitrectomy
				4	tx_surgery_3rd_month__4	Fluid Air Exchange
				5	tx_surgery_3rd_month__5	Silicone oil insertion
				6	tx_surgery_3rd_month__6	Panretinal Photocoagulation
				7	tx_surgery_3rd_month__7	Other
259	[tx_intr_injec_3rd_month]	INTRAOCULAR INJECTION (Tick all that apply)	checkbox, Required	1	tx_intr_injec_3rd_month__1	Not repeated
				8	tx_intr_injec_3rd_month__8	Subconjunctival Inject
				2	tx_intr_injec_3rd_month__2	Subconjunctival Inject
				7	tx_intr_injec_3rd_month__7	Subconjunctival mydr
				3	tx_intr_injec_3rd_month__3	Intravitreal Vancomycin+Ceftazidi (VCD)
				4	tx_intr_injec_3rd_month__4	Intravitreal Tricort+Dexamethaso (TDM)
				5	tx_intr_injec_3rd_month__5	Intravitreal Tricort+Dexamethaso (TDV)
				6	tx_intr_injec_3rd_month__6	Other
260	[complications_3rd_month]	Presence of complications	checkbox, Required	1	complications_3rd_month__1	1. None
				2	complications_3rd_month__2	2. Complicated cataract
				3	complications_3rd_month__3	3. Ocular Hypertension
				4	complications_3rd_month__4	4. Ocular Hypotension
				5	complications_3rd_month__5	5. Secondary Narrow angle
				6	complications_3rd_month__6	6. Retinal Detachment

				<table><tr><td>7</td><td>complications_3rd_month__7</td><td>7. Phthisis bulbi</td></tr><tr><td>8</td><td>complications_3rd_month__8</td><td>8. Band Shaped Keratopathy</td></tr><tr><td>9</td><td>complications_3rd_month__9</td><td>9. Esotropia</td></tr><tr><td>10</td><td>complications_3rd_month__10</td><td>10. Exotropia</td></tr></table>	7	complications_3rd_month__7	7. Phthisis bulbi	8	complications_3rd_month__8	8. Band Shaped Keratopathy	9	complications_3rd_month__9	9. Esotropia	10	complications_3rd_month__10	10. Exotropia																											
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10	complications_3rd_month__10	10. Exotropia																																									
261	[logmar_log_1_year]	III. FOLLOW-UP FINDINGS @ 12 months Log Mar best corrected Visual acuity of the affected eye	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>LA6111-4</td><td>0.00 (6/6)</td></tr><tr><td>LA24576-3</td><td>0.20 (6/9)</td></tr><tr><td>LA24578-9</td><td>0.30 (6/12)</td></tr><tr><td>LA24581-3</td><td>0.50 (6/18)</td></tr><tr><td>LA24583-9</td><td>0.60 (6/24)</td></tr><tr><td>LA24585-4</td><td>0.75 (6/36)</td></tr><tr><td>LA24587-0</td><td>0.90 (6/48)</td></tr><tr><td>LA24588-8</td><td>1.00 (6/60)</td></tr><tr><td>LA24589-6</td><td>1.08 (5/60)</td></tr><tr><td>LA24590-4</td><td>1.18 (4/60)</td></tr><tr><td>LA15765-3</td><td>1.30 (3/60)</td></tr><tr><td>LA24591-2</td><td>1.48 (2/60)</td></tr><tr><td>LA24592-0</td><td>1.78 (1/60)</td></tr><tr><td>LA24593-8</td><td>1.90 (CFCF)</td></tr><tr><td>LA24596-1</td><td>2.3 (HM)</td></tr><tr><td>LA24597-9</td><td>PL (Perception of Light)</td></tr><tr><td>LA24598-10</td><td>NPL (No Perception of Light)</td></tr><tr><td>2</td><td>F & F (Follows and fixates light)</td></tr><tr><td>3</td><td>Unable to assess in a pre-verbal child</td></tr></table>	radio, Required		LA6111-4	0.00 (6/6)	LA24576-3	0.20 (6/9)	LA24578-9	0.30 (6/12)	LA24581-3	0.50 (6/18)	LA24583-9	0.60 (6/24)	LA24585-4	0.75 (6/36)	LA24587-0	0.90 (6/48)	LA24588-8	1.00 (6/60)	LA24589-6	1.08 (5/60)	LA24590-4	1.18 (4/60)	LA15765-3	1.30 (3/60)	LA24591-2	1.48 (2/60)	LA24592-0	1.78 (1/60)	LA24593-8	1.90 (CFCF)	LA24596-1	2.3 (HM)	LA24597-9	PL (Perception of Light)	LA24598-10	NPL (No Perception of Light)	2	F & F (Follows and fixates light)	3	Unable to assess in a pre-verbal child
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262	[eyes_exam_cornea_12_mth]	Corneal Findings	<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>1</td><td>eyes_exam_cornea_12_mth__1</td><td>Keratic precipitates present as before</td></tr><tr><td>2</td><td>eyes_exam_cornea_12_mth__2</td><td>Keratic precipitates - reducing in number and size</td></tr><tr><td>3</td><td>eyes_exam_cornea_12_mth__3</td><td>Superficial Punctate Erosions</td></tr><tr><td>4</td><td>eyes_exam_cornea_12_mth__4</td><td>Corneal Edema present as before</td></tr><tr><td>5</td><td>eyes_exam_cornea_12_mth__5</td><td>Corneal Edema-reducing than before</td></tr><tr><td>6</td><td>eyes_exam_cornea_12_mth__6</td><td>Corneal Infiltration present as before</td></tr><tr><td>7</td><td>eyes_exam_cornea_12_mth__7</td><td>Corneal Infiltration-reducing than before</td></tr></table>	checkbox, Required			1	eyes_exam_cornea_12_mth__1	Keratic precipitates present as before	2	eyes_exam_cornea_12_mth__2	Keratic precipitates - reducing in number and size	3	eyes_exam_cornea_12_mth__3	Superficial Punctate Erosions	4	eyes_exam_cornea_12_mth__4	Corneal Edema present as before	5	eyes_exam_cornea_12_mth__5	Corneal Edema-reducing than before	6	eyes_exam_cornea_12_mth__6	Corneal Infiltration present as before	7	eyes_exam_cornea_12_mth__7	Corneal Infiltration-reducing than before																
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				8	eyes_exam_cornea_12_mth__8	Normal
263	[eyes_ac_cells_12_month]	Anterior Chamber Cells Grading	radio, Required	1	Grade 0 (No cells)	
			7	Grade 0.5/Trace (1-5 cells)		
			8	Grade 1+ (6-15 cells)		
			2	Grade 2+ (16-25 cells)		
			3	Grade 3+ (26-50 cells)		
			4	Grade 4+ (>50 cells)		
264	[eyes_ac_flare_12_month]	Anterior Chamber Flare Grading	radio, Required	7	• Grade 0: None	
			8	• Grade 1+ (Faint): Faint flare		
			9	• Grade 2+ (Moderate): Moderate flare (iris and lens details are clear)		
			10	• Grade 3+ (Marked): Marked flare (iris and lens details are hazy)		
			11	• Grade 4+ (Intense): Intense flare (fibrin or plastic aqueous)		
265	[exam_pupil_12_month]	Pupil Findings	checkbox, Required	LA25504-4	exam_pupil_12_month__la25504_4	Normal round regular pupil
			LA24644-9	exam_pupil_12_month__la24644_9		Irregular with posterior synechia
			LA24661-3	exam_pupil_12_month__la24661_3		Difficult to dilate pupil
			LA24763-7	exam_pupil_12_month__la24763_7		Fully dilated
			1	exam_pupil_12_month__1		RAPD Preserved
266	[eye_exam_lens_12_month]	Lens Findings	checkbox, Required	LA25504-4	eye_exam_lens_12_month__la25504_4	No lens
			LA24644-9	eye_exam_lens_12_month__la24644_9		Polypoid
			LA24661-3	eye_exam_lens_12_month__la24661_3		Polypoid cataract
			LA24763-7	eye_exam_lens_12_month__la24763_7		Cataract
			1	eye_exam_lens_12_month__1		Iris detaching from lens
			2	eye_exam_lens_12_month__2		Pseudophakia
			3	eye_exam_lens_12_month__3		Apical
267	[exam_vit_cells_12_month]	Vitreous Cells Grading	radio, Required	1	Grade 0 (No cells)	
			8	Grade 0.5 (1-5 cells)		
			9	Grade 1+ (6-10 cells)		
			2	Grade 2+ (11-20 cells)		
			3	Grade 3+ (21-50 cells)		

				<table border="1"> <tr> <td>4</td><td>Grade 4+ (>51 cells)</td></tr> </table>	4	Grade 4+ (>51 cells)																											
4	Grade 4+ (>51 cells)																																
268	[exam_vit_haze_12_month]	Vitreous Haze Grading	<table border="1"> <tr> <td colspan="2">radio, Required</td></tr> <tr> <td>8</td><td>Grade 0: Clear view of the nerve fiber layer / fundus</td></tr> <tr> <td>9</td><td>• Grade 0.5+ (Trace haze)</td></tr> <tr> <td>10</td><td>• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)</td></tr> <tr> <td>11</td><td>• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)</td></tr> <tr> <td>12</td><td>• Grade 3+ (Marked haze; only the optic disc is visible)</td></tr> <tr> <td>13</td><td>• Grade 4+ (Severe haze; optic disc is not visible)</td></tr> </table>	radio, Required		8	Grade 0: Clear view of the nerve fiber layer / fundus	9	• Grade 0.5+ (Trace haze)	10	• Grade 1+ (Mild haze; clear optic disc and blood vessels, hazy nerve fiber layer)	11	• Grade 2+ (Moderate haze; optic disc and retinal vessels are moderately hazy)	12	• Grade 3+ (Marked haze; only the optic disc is visible)	13	• Grade 4+ (Severe haze; optic disc is not visible)																
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269	[fundal_glow_12_month]	Fundal glow visible	<table border="1"> <tr> <td colspan="2">yesno, Required</td></tr> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																								
yesno, Required																																	
1	Yes																																
0	No																																
270	[exam_vessels_12_month]	Retinal Vessels Finding	<table border="1"> <tr> <td colspan="3">checkbox, Required</td></tr> <tr> <td>LA25504-4</td><td>exam_vessels_12_month__la25504_4</td><td>Norm A:Y=</td></tr> <tr> <td>LA24644-9</td><td>exam_vessels_12_month__la24644_9</td><td>Infla</td></tr> <tr> <td>LA24661-3</td><td>exam_vessels_12_month__la24661_3</td><td>Infla</td></tr> <tr> <td>1</td><td>exam_vessels_12_month__1</td><td>Tort</td></tr> <tr> <td>2</td><td>exam_vessels_12_month__2</td><td>Reti Herr pres</td></tr> <tr> <td>3</td><td>exam_vessels_12_month__3</td><td>Reti pres</td></tr> <tr> <td>4</td><td>exam_vessels_12_month__4</td><td>Neo</td></tr> <tr> <td>5</td><td>exam_vessels_12_month__5</td><td>Scar</td></tr> <tr> <td>6</td><td>exam_vessels_12_month__6</td><td>Not</td></tr> </table>	checkbox, Required			LA25504-4	exam_vessels_12_month__la25504_4	Norm A:Y=	LA24644-9	exam_vessels_12_month__la24644_9	Infla	LA24661-3	exam_vessels_12_month__la24661_3	Infla	1	exam_vessels_12_month__1	Tort	2	exam_vessels_12_month__2	Reti Herr pres	3	exam_vessels_12_month__3	Reti pres	4	exam_vessels_12_month__4	Neo	5	exam_vessels_12_month__5	Scar	6	exam_vessels_12_month__6	Not
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5	exam_vessels_12_month__5	Scar																															
6	exam_vessels_12_month__6	Not																															
271	[tx_surgery_12_month]	Surgical Treatment (Tick all that apply)	<table border="1"> <tr> <td colspan="3">checkbox, Required</td></tr> <tr> <td>1</td><td>tx_surgery_12_month__1</td><td>No Procedure Repeated</td></tr> <tr> <td>8</td><td>tx_surgery_12_month__8</td><td>Core Vitrectomy</td></tr> <tr> <td>2</td><td>tx_surgery_12_month__2</td><td>Anterior Vitrectomy</td></tr> <tr> <td>3</td><td>tx_surgery_12_month__3</td><td>Total Vitrectomy</td></tr> <tr> <td>4</td><td>tx_surgery_12_month__4</td><td>Fluid Air Exchange</td></tr> <tr> <td>5</td><td>tx_surgery_12_month__5</td><td>Silicone oil insertion</td></tr> <tr> <td>6</td><td>tx_surgery_12_month__6</td><td>Panretinal Photocoagulation</td></tr> <tr> <td>7</td><td>tx_surgery_12_month__7</td><td>Other</td></tr> </table>	checkbox, Required			1	tx_surgery_12_month__1	No Procedure Repeated	8	tx_surgery_12_month__8	Core Vitrectomy	2	tx_surgery_12_month__2	Anterior Vitrectomy	3	tx_surgery_12_month__3	Total Vitrectomy	4	tx_surgery_12_month__4	Fluid Air Exchange	5	tx_surgery_12_month__5	Silicone oil insertion	6	tx_surgery_12_month__6	Panretinal Photocoagulation	7	tx_surgery_12_month__7	Other			
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7	tx_surgery_12_month__7	Other																															
272	[tx_intr_injec_12_month]	INTRAOcular INJECTION (Tick all that apply)	<table border="1"> <tr> <td colspan="3">checkbox, Required</td></tr> <tr> <td>1</td><td>tx_intr_injec_12_month__1</td><td>Not repeated</td></tr> <tr> <td>8</td><td>tx_intr_injec_12_month__8</td><td>Subconjunctival Injec</td></tr> <tr> <td>2</td><td>tx_intr_injec_12_month__2</td><td>Subconjunctival Injec</td></tr> <tr> <td>7</td><td>tx_intr_injec_12_month__7</td><td>Subconjunctival mydric</td></tr> <tr> <td>3</td><td>tx_intr_injec_12_month__3</td><td>Intravitreal Vancomycin+Ceftazidir (VCD)</td></tr> <tr> <td>4</td><td>tx_intr_injec_12_month__4</td><td>Intravitreal Tricort+Dexamethason</td></tr> </table>	checkbox, Required			1	tx_intr_injec_12_month__1	Not repeated	8	tx_intr_injec_12_month__8	Subconjunctival Injec	2	tx_intr_injec_12_month__2	Subconjunctival Injec	7	tx_intr_injec_12_month__7	Subconjunctival mydric	3	tx_intr_injec_12_month__3	Intravitreal Vancomycin+Ceftazidir (VCD)	4	tx_intr_injec_12_month__4	Intravitreal Tricort+Dexamethason									
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				6	tx_intr_injec_12_month__6	Other																														
273	[complications_12_month]	Presence of complications	checkbox, Required <table><tr><td>1</td><td>complications_12_month__1</td><td>1. None</td></tr><tr><td>2</td><td>complications_12_month__2</td><td>2. Complicated cataract</td></tr><tr><td>3</td><td>complications_12_month__3</td><td>3. Ocular Hypertension</td></tr><tr><td>4</td><td>complications_12_month__4</td><td>4. Ocular Hypotension</td></tr><tr><td>5</td><td>complications_12_month__5</td><td>5. Secondary Narrow angle</td></tr><tr><td>6</td><td>complications_12_month__6</td><td>6. Retinal Detachment</td></tr><tr><td>7</td><td>complications_12_month__7</td><td>7. Phthisis bulbi</td></tr><tr><td>8</td><td>complications_12_month__8</td><td>8. Band Shaped Keratopathy</td></tr><tr><td>9</td><td>complications_12_month__9</td><td>9. Esotropia</td></tr><tr><td>10</td><td>complications_12_month__10</td><td>10. Exotropia</td></tr></table>				1	complications_12_month__1	1. None	2	complications_12_month__2	2. Complicated cataract	3	complications_12_month__3	3. Ocular Hypertension	4	complications_12_month__4	4. Ocular Hypotension	5	complications_12_month__5	5. Secondary Narrow angle	6	complications_12_month__6	6. Retinal Detachment	7	complications_12_month__7	7. Phthisis bulbi	8	complications_12_month__8	8. Band Shaped Keratopathy	9	complications_12_month__9	9. Esotropia	10	complications_12_month__10	10. Exotropia
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274	[final_remarks]		notes																																	
275	[redsuit_shapu_outbreak_case_report_form_srf_complete]	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>				0	Incomplete	1	Unverified	2	Complete																								
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