

ECUSTEC Optometric and Ophthalmological Examination Worksheet

Hospital name:						
Trial number:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
Date of Birth:	____/____/____					

Please complete this worksheet for the day 60 assessment visit if the patient experienced CNS features during the acute disease (STEC HUS). Once completed, the paediatric neurologist responsible will use the information on the worksheet as Source Data from which to assign a CNS score for the ECUSTEC trial.

Visual acuity

Test used			
Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Eye alignment

Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Eye movement

Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Visual fields

Test used			
Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Anterior segment

Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Posterior segment

Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
		Details	

Summary

Does this child have a normal visual examination?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
If no, in your opinion (from parental reports and any available pre-morbid records) has this occurred since diagnosis of STEC HUS?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>

ECUSTEC Source Data: this worksheet is to be filed in the ECUSTEC Site File and a copy should be added to the patient medical notes.
