



Study #021

Plate #370

Seq #005

Participant ID # - -

Visit Date
 day month year

Follow-up Eye Examination Form - Page 1 of 3

- | | | | |
|-------------|---|--------------------------|--------------------------|
| | | yes | no |
| fe1 | 1. Does the participant wear contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | → Go to item 2 |
| fe1a | 1a. Has the participant worn contact lenses for any of the 7 days prior to today's eye exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| fe2 | 2. Is the participant treated with daily eye drops for glaucoma? | <input type="checkbox"/> | <input type="checkbox"/> |
| fe3 | 3. Has the participant had corneal surgery since the SICCA baseline exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| fe4 | 4. Has the participant had cosmetic surgery on the eyelids since the baseline SICCA eye exam? | <input type="checkbox"/> | <input type="checkbox"/> |

SCHIRMER1 TEST

Right Eye

Left Eye

5. 5 minutes - unanesthetized..... mm **fe5_r**
- 5a. If less than 5 minutes, collection time to saturation.....
- | | | |
|----------------------|------------|---|
| <i>min</i> | <i>sec</i> | |
| <input type="text"/> | : | <input type="text"/> <input type="text"/> fe5a_r |
| yes | | no |
6. Test paper divided and collected? **fe6_r**

- mm **fe5_l**
- | | | |
|----------------------|------------|---|
| <i>min</i> | <i>sec</i> | |
| <input type="text"/> | : | <input type="text"/> <input type="text"/> fe5a_l |
| yes | | no |
- fe6_l**

SLIT LAMP EXAM

Lids and Conjunctiva

yes no

yes no

- | | | | | | | |
|------------------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|---------------|
| 7. Lagophthalmos..... | <input type="checkbox"/> | <input type="checkbox"/> | fe7_r | <input type="checkbox"/> | <input type="checkbox"/> | fe7_l |
| 8. Entropion..... | <input type="checkbox"/> | <input type="checkbox"/> | fe8_r | <input type="checkbox"/> | <input type="checkbox"/> | fe8_l |
| 9. Ectropion..... | <input type="checkbox"/> | <input type="checkbox"/> | fe9_r | <input type="checkbox"/> | <input type="checkbox"/> | fe9_l |
| 10. Trichiasis..... | <input type="checkbox"/> | <input type="checkbox"/> | fe10_r | <input type="checkbox"/> | <input type="checkbox"/> | fe10_l |
| 11. Pterygium..... | <input type="checkbox"/> | <input type="checkbox"/> | fe11_r | <input type="checkbox"/> | <input type="checkbox"/> | fe11_l |
| 12. Pingueculam..... | <input type="checkbox"/> | <input type="checkbox"/> | fe12_r | <input type="checkbox"/> | <input type="checkbox"/> | fe12_l |
| 13. Meibomitis..... | <input type="checkbox"/> | <input type="checkbox"/> | fe13_r | <input type="checkbox"/> | <input type="checkbox"/> | fe13_l |
| 14. Blepharitis..... | <input type="checkbox"/> | <input type="checkbox"/> | fe14_r | <input type="checkbox"/> | <input type="checkbox"/> | fe14_l |
| 15. Punctal occlusion - Upper..... | <input type="checkbox"/> | <input type="checkbox"/> | fe15_r | <input type="checkbox"/> | <input type="checkbox"/> | fe15_l |
| 16. Punctal occlusion - Lower..... | <input type="checkbox"/> | <input type="checkbox"/> | fe16_r | <input type="checkbox"/> | <input type="checkbox"/> | fe16_l |



Study #021

Plate #371

Seq #005

Participant ID # - -

Visit Date
 day month year

Follow-up Eye Examination Form - Page 2 of 3

Right Eye

Left Eye

Corneal abnormality

- | | yes | no | |
|----------------------------------|----------------------------|----------------------------|--------|
| 17. Filaments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe17_r |
| 18. Corneal vascularization..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe18_r |
| 19. Corneal scarring..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe19_r |
| 20. Corneal ulceration..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe20_r |

- | | yes | no | |
|--|----------------------------|----------------------------|--------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe17_l |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe18_l |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe19_l |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe20_l |

Right Eye

Left Eye

TEAR FILM (fluorescein)

- | | yes | no | |
|---|--|----------------------------|--------|
| 21. Tear break-up time 10 seconds or greater? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe21_r |
| | <input type="checkbox"/> 1 → Go to item 22 | | |

- | | yes | no | |
|--|--|----------------------------|--------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe21_l |
| | <input type="checkbox"/> 1 → Go to item 22 | | |

- | | | | |
|---|----------------------|---------|---------|
| 21a. Tear break-up time, if less than 10 seconds: | <input type="text"/> | seconds | fe21a_r |
|---|----------------------|---------|---------|

- | | | | |
|--|----------------------|---------|---------|
| | <input type="text"/> | seconds | fe21a_l |
|--|----------------------|---------|---------|

- | | yes | no | |
|--------------------------|----------------------------|----------------------------|--------|
| 22. Debris present?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe22_r |

- | | yes | no | |
|--|----------------------------|----------------------------|--------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | fe22_l |



Study #021

Plate #372

Seq #005

Participant ID # - -

Visit Date
 day month year

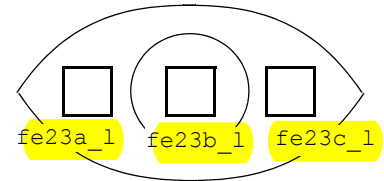
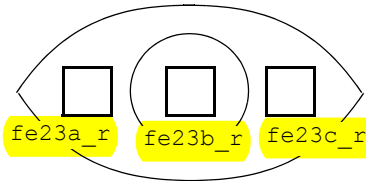
Follow-up Eye Examination Form - Page 3 of 3

Right Eye

Left Eye

STAINING PATTERN

23. Staining pattern score:



Lissamine Green (conjunctiva only)		Fluorescein (cornea only)	
Grade	Dots	Grade	Dots
0	0-9	0	0
1	10-32	1	1-5
2	33-100	2	6-30
3	>100	3	>30

Lissamine Green (conjunctiva only)		Fluorescein (cornea only)	
Grade	Dots	Grade	Dots
0	0-9	0	0
1	10-32	1	1-5
2	33-100	2	6-30
3	>100	3	>30

24. Extra points - Fluorescein only

Mark all that apply and add to fluorescein staining pattern score in item 23 above

- fe24a_r +1 - patches of confluent staining
- fe24b_r +1 - staining in pupillary area
- fe24c_r +1 - one or more filaments

- fe24a_l +1 - patches of confluent staining
- fe24b_l +1 - staining in pupillary area
- fe24c_l +1 - one or more filaments

25. Total Ocular SICCA Score: fe25_r
 yes no

fe25_l
 yes no

26. RNA conjunctival imprint collected? 1 2 fe26_r

1 2 fe26_l