



**PATIENT CLINICAL DETAILS (IF KNOWN)**

**DOES PARTICIPANT HAVE ADVANCED GLAUCOMA? (\*See criteria below):**     No     Yes

AGE at Diagnosis:	.....	
	<b>RE</b>	<b>LE</b>
Highest IOP (mmHg):	..... at diagnosis Y <input type="checkbox"/> N <input type="checkbox"/>	..... at diagnosis Y <input type="checkbox"/> N <input type="checkbox"/>
BCVA:	.....	.....
Refraction: (spherical equivalent) (pre cataract extraction)	...../.....X..... (SE: .....) )	...../.....X.....(SE: .....) )
Central Corneal Thickness ( $\mu\text{m}$ ):	..... <input type="checkbox"/> Corneal Decompensation	..... <input type="checkbox"/> Corneal Decompensation
Vertical Cup Disc Ratio:	.....	.....
Mean Deviation (dB): (recent reliable field) (CFL is 2/4 central squares on PSD)	..... Central Field Loss: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	..... Central Field Loss: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Disc Haemorrhage:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Recurrent <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Recurrent <input type="checkbox"/> Unknown

**SELECT FOR EACH EYE CONDITION:**

<b>DRY</b> Macular Degeneration:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>WET</b> Macular Degeneration	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
LENS Status:	<input type="checkbox"/> Phakic <input type="checkbox"/> IOL/Pseudophakic	<input type="checkbox"/> Phakic <input type="checkbox"/> IOL/Pseudophakic
Lens Dislocation: (tick all that apply)	<input type="checkbox"/> Zonules/Wobbly Lens <input type="checkbox"/> Long Anterior Zonules <input type="checkbox"/> Subluxation <input type="checkbox"/> Dislocated Lens	<input type="checkbox"/> Zonules/Wobbly Lens <input type="checkbox"/> Long Anterior Zonules <input type="checkbox"/> Subluxation <input type="checkbox"/> Dislocated Lens

**GLAUCOMA TREATMENT:**

Eye Drops (current):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Laser: (Tick all that apply)	<input type="checkbox"/> PI <input type="checkbox"/> SLT/ALT	<input type="checkbox"/> PI <input type="checkbox"/> SLT/ALT
Glaucoma Surgery: (Tick all that apply)	MIGS/Stent <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown XEN <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown PreserFlo <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Tube <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Trab <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	MIGS/Stent <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown XEN <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown PreserFlo <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Tube <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Trab <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Retinal Detachment Surgery:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

**\*INCLUSION CRITERIA**

**ADVANCED GLAUCOMA**

Visual Field Loss related to glaucoma with 2 out of the 4 central squares having a Pattern Standard Deviation (PSD) < 0.5% on a Humphrey 24-2 field (*i.e* fixation involved)  
**OR**  
Mean Deviation (MD) > -15 dB  
**OR**  
In absence of field testing, loss of central acuity related to glaucoma.

- **NON-ADVANCED GLAUCOMA** (participants with definite glaucoma, not fitting the advanced criteria).
- **GLAUCOMA SUSPECTS** (IOP  $\geq$  22 mmHg or on treatment).

ANY ADDITIONAL INFO:

Other categories currently recruiting, **INDEPENDENT** of glaucoma:

- Pseudoexfoliation (PXF)
- Pigment Dispersion Syndrome (PDS)
- Anterior Segment Dysgenesis (ASD)
- Nanophthalmos
- Steroid Responder
- Iridocorneal Endothelial (ICE)
- Optic Disc Drusen (ODD)
- Participants *without any signs of glaucoma* present

Not Excluded: Trauma