

2008 EYE INJURY SNAPSHOT PATIENT DATA FORM

PATIENT INFORMATION

Gender

1. Male
 2. Female

Age

1. Under 6
 2. 6 to 12
 3. 13 to 17
 4. 18 to 29
 5. 30 to 45
 6. 46 to 64
 7. 65 or older

Ethnicity

1. African-American
 2. Asian-American
 3. Caucasian
 4. Hispanic
 5. Native American
 6. Pacific Islander
 7. Other: _____

Past Ocular History

1. Negative/normal
If yes, indicate:
 2. Previous eye injury
Previous eye surgery
 3. Lasik
 4. RK
 5. PRK
 6. Cataract
 7. Other surgery: _____
 8. Unknown

INJURY INFORMATION

Region where injury occurred

1. North East (CT, MA, ME, NH, RI, VT)
 2. Middle Atlantic (NJ, NY, PA)
 3. East North Central (IL, IN, MI, OH, WI)
 4. West North Central (IA, KS, MN, MO, ND, NE, SD)
 5. South Atlantic (DC, DE, FL, GA, MD, NC, PR, SC, VA, WV)
 6. East South Central (AL, KY, MS, TN)
 7. West South Central (AR, LA, OK, TX)
 8. Mountain (AZ, CO, ID, MT, NM, NV, UT, WY)
 9. Pacific (AK, CA, HI, OR, WA)

Location at time of injury

1. Home
 2. Office
 3. Farm
 4. Industrial premises
 5. Recreational venue (other than sports)
 6. School
 7. Sports venue
 8. Street or hwy
 9. Other: _____

If at home, location of injury

1. Kitchen
 2. Garage
 3. Workshop
 4. Bedroom
 5. Bathroom
 6. Yard or garden
 7. Living room or family room
 8. Other: _____

If at home, what activity or factor led to injury?

1. Cooking
 2. Home repair
 3. Home repair with power tool
 4. Yard work/gardening
 5. Yard work/gardening with power tool
 6. Slip/fall
 7. Cleaning
 8. Play/sports
 9. Other: _____

Time of injury

1. Morning between 7 a.m. and noon
 2. Afternoon between noon and 7 p.m.
 3. Evening between 7 p.m. and 10 p.m.
 4. Late evening and early morning between 10 p.m. and 7 a.m.
 5. Unknown

Time elapsed between injury and treatment

1. Less than one hour
 2. Several hours
 3. Next day
 4. Several days
 5. Other: _____

Cause of injury

1. Accident
 2. Assault
 3. Intentional
 4. Unknown

Drug or alcohol use involved in injury

1. Yes
 2. No
 3. Unknown

If motor vehicle crash - Were seatbelts worn?

1. Yes
 2. No
 3. Unknown

Airbag deployed?

1. Yes
 2. No
 3. Unknown

Agent causing injury

1. Airbag
 2. Furniture/appliance
 3. Blunt object
 4. Sharp object
 5. Projectile object
 6. Household chemical
 7. Industrial chemical
 8. Finger, fist or other body part
 9. Motor vehicle other than airbag
 10. Sports equipment
 11. Firearm
 12. Gun - other (Paintball, BB gun)
 13. Fireworks
 14. Power tools/tools
 15. Make-up
 16. Toys
 17. Other: _____
 18. Unknown

STATE SPECIFIC AGENT:

Eyewear worn?

1. Not worn
 2. Contacts (hard lens)
 3. Contacts (soft lens)
 4. Street spectacles
 5. Safety spectacles
 6. Sports spectacles
 7. Unknown

If eye protection used, was eye protection broken?

1. Not broken
 2. Frame broken
 3. Lens broken
 4. Unknown

PATIENT EXAM

Eye involved: OD OS OU

Note: if the injury is bilateral, please fill out two copies of the "Patient Exam" portion of this form - one for each eye.

Specific Injury(ies). Check all that apply.

Skull

- 1. Skull Fx
- 2. CNS foreign body
- 3. Other: _____
- 4. Cannot be determined

Orbit

- 1. Rim Fx
- 2. Blow out Fx
- 3. Trimalar Fx
- 4. Foreign body
- 5. Orbital hemorrhage
- 6. Other: _____
- 7. Cannot be determined

Lids

- 1. Ecchymosis
- 2. Lid laceration
- 3. Canalicular laceration
- 4. Thermal burn
- 5. Chemical burn
- 6. Other: _____
- 7. Cannot be determined

Conjunctiva

- 1. Chemosis
- 2. Subconj. Heme.
- 3. Laceration
- 4. Foreign body
- 5. Thermal burn
- 6. Chemical burn
- 7. Other: _____
- 8. Cannot be determined

Cornea

- 1. Epith. abrasion
- 2. Abrasion - rupture
- 3. Foreign body
- 4. Thermal burn
- 5. Chemical burn
- 6. Laceration
- 7. Other: _____

Ant. Chamber

- 1. Iritis
- 2. Hyphema
- 3. Foreign body
- 4. Vitreous in A.C.
- 5. Increased IOP (>23mmHg)
- 6. Other: _____
- 7. Cannot be determined

Iris

- 1. Sphincter tear
- 2. Dialysis
- 3. Angle recession
- 4. Prolapse
- 5. Other: _____
- 6. Cannot be determined

Lens

- 1. Cataract
- 2. Disruption
- 3. Subluxation
- 4. Dislocation
- 5. Extrusion
- 6. Other: _____
- 7. Cannot be determined

Sclera

- 1. Laceration
- 2. Rupture
- 3. Foreign body
- 4. Other: _____
- 5. Cannot be determined

Vitreous

- 1. Hemorrhage
- 2. Foreign body
- 3. Vit. prolapse through wound
- 4. Other: _____
- 5. Cannot be determined

Retina

- 1. Commotio
- 2. Hole
- 3. Tear
- 4. Detachment
- 5. CRAO
- 6. Choroidal rupture
- 7. Macular involved
- 8. Hemorrhage
- 9. Other: _____
- 10. Cannot be determined

Optic Nerve

- 1. Avulsion
- 2. Contusion
- 3. Other: _____
- 4. Cannot be determined

TREATMENT/PROGNOSIS

Treatment provided

- 1. In the office
- 2. In the ER/ED
- 3. In the OR

Prognosis

(Estimate based on your experience and clinical findings)

- 1. Full visual recovery
- 2. Mild visual impairment (20/20 – 20/40)
- 3. Moderate visual impairment (20/50 – 20/200)
- 4. Legally blind (20/200 or less)
- 5. Blind
- 6. NLP
- 7. Enucleation

In your opinion, could this injury have been prevented by appropriate protective eyewear?

- 1. Yes
- 2. No
- 3. Uncertain

In your opinion, could this injury have been prevented by patient education?

- 1. Yes
- 2. No
- 3. Uncertain

After completing this form, please fax it back to 888-211-0405

Report eye injuries treated from May 11 to 18

Data must be received by Friday, May 23, to be included in the 2008 report