

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

Cause of injury

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

Eyewear worn?

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

Time elapsed between injury and treatment

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

If motor vehicle crash - Were seatbelts worn?

- 1. Yes
- 2. No
- 3. Unknown

Airbag deployed?

- 1. Yes
- 2. No
- 3. Unknown

STATE SPECIFIC AGENT:

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. Spincter 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