Study number __ __ __

Surveillance of Corneal Perforation in Rheumatoid Arthritis Patients
12 Month Follow- Up Questionnaire
In association with British Ophthalmic Surveillance Unit

Thank you for completing this follow up questionnaire for the study of rheumatoid arthritis patients with corneal perforation from peripheral ulcerative keratopathy or corneal melt, in association with the British Ophthalmic Surveillance Unit.

PATIENT DETAILS

1 Patient's hospital number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

2 Month __ __ and year __ __ of Birth

3 Date of Perforation __ __ / __ __ / __ __

4 Eye Perforated ☐ Left ☐ Right

12 MONTH EXAMINATION

5 Was the patient still under review at 12 months? ☐ Yes ☐ No

If Yes, please write date of **12 month ophthalmology examination** (first appointment after 12 months from perforation) __ __ / __ __ / __ __

If No, what was the **last ophthalmology examination** date?__ __ / __ __ / __ __

6 Is the patient under the care of another ophthalmic unit? ☐ Yes ☐ No

If Yes, please name the unit_____

7 Best corrected Snellen visual acuity at 12 months (or 'last examination' if not seen after 12 months)?

Right Eye _____ Left Eye _____

8 If the visual acuity is reduced in the perforated eye, what are the causes?

☐ Corneal glue

☐ Conjunctival flap

☐ Corneal scarring

☐ Cataract

☐ Endophthalmitis

☐ Retinal Detachment

☐ Evisceration

☐ Enucleation

☐ Other (please specify) _____

9 Is the globe intact? ☐ Yes ☐ No

If yes, how is the integrity of the globe maintained?

☐ Corneal scar tissue

☐ Cyanoacrylate glue

☐ Conjunctival flap

☐ Iris plug

☐ Tectonic corneal patch graft

☐ Penetrating Keratoplasty

☐ Other (please specify) _____

10 Has the other eye perforated? ☐ Yes ☐ No

If yes, date of perforation diagnosis __ __ / __ __ / __ __

11 Does the other eye have corneal thinning? ☐ Yes ☐ No

12 What topical medication is the patient on at 12 months in the perforated eye?

☐ Steroids

☐ Lubricants

☐ Acetylcysteine

☐ Antibiotics

☐ None

☐ Other (please specify)_____

13 What systemic medication has the patient been taking during the 12 months?

	Initial medication (within first 2 weeks)	**Subsequent medication (after first 2 weeks)**	**Still taking at 12 months**
Oral Steroids	☐	☐	☐
Immunosuppressants	☐	☐	☐
Biologics (eg. anti TNF α, Retuximab)	☐	☐	☐
None	☐	☐	☐
Other (please specify)			
_____	☐	☐	☐
_____	☐	☐	☐

14 Which procedures were performed on this eye only? Please document number of times performed **after** the first 2 weeks from diagnosis

	Previously reported Initial treatment (within first 2 weeks)	**Subsequent treatment (after first 2 weeks)**
☐ Bandage Contact lens	x ____	x ____
☐ Cyanoacrylate glue	x ____	x ____
☐ Fibrin Glue	x ____	x ____
☐ Amniotic Membrane Graft	x ____	x ____
☐ Conjunctival flap	x ____	x ____
☐ Corneal Graft	x ____	x ____
☐ Other (please specify)		
_____	x ____	x ____
_____	x ____	x ____

15 Is the patient eligible for registration?

☐ Yes, sight impaired (partial blindness)

☐ Yes, severely sight impaired (full blindness)

☐ No

16 Is the patient deceased? ☐ Yes ☐ No

Thank you very much for taking the time to complete this form.