

# Age Related Macular Degeneration (AMD) Data Definition Document

## Section: before Section 1

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		i	Hospital/Clinic	A unique identifying number assigned to a source data provider (SDP) by the Registry manager and / or the steering committee for the purpose of reporting to central data coordinator		<input type="checkbox"/>	<input type="checkbox"/>
2		ii	Date of Notification	The date of record was created for this admission OR the date Source Data Provider (SDP) was informed/ notify of this admission		<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 1:Demography

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Patient Name	Name of the patient as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL. This data element is collected for unique identification of patient records and records matching		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Identification Card Number	2a	MyKad/MyKid	Patient's MyKad number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Identification Card Number	2b	Old IC	Old Identity Card Number. Only Applicable if MyKad is not available		<input type="checkbox"/>	<input type="checkbox"/>
4	Identification Card Number	2c	Other ID document No	Only Applicable if MyKad and Old IC are not available		<input type="checkbox"/>	<input type="checkbox"/>
5	Identification Card Number	2d	Specify type (eg. Passport, armed force ID)	To record what type of document was used for "Other ID Document No		<input type="checkbox"/>	<input type="checkbox"/>
6	Address	3a	Postcode	Postcode of Patient's current place of residence		<input type="checkbox"/>	<input type="checkbox"/>
7	Address	3b	Town / City	The patient's city (or township, or village) of residence		<input type="checkbox"/>	<input type="checkbox"/>
8	Address	3c	State	The state where the patient resides	1 Johor Darul Takzim 2 Kedah Darul Aman 3 Kelantan Darul Naim 4 Melaka 5 Negeri Sembilan Darul Khusus 6 Pahang Darul Makmur 7 Perak Darul Ridzuan 8 Perlis Indera Kayangan 9 Pulau Pinang 10 Sabah 11 Sarawak 12 Selangor Darul Ehsan 13 Terengganu Darul Iman 14 Wilayah Persekutuan 20 NA (foreign) 8888 Not available 9999 Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Age at presentation	5a	Age at presentation (year(s))	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification / Date of Admission -Patient's Birth Date		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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10	4	Date of Birth	The date of birth of the patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Age at presentation 5b	Age at presentation (month(s))	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification / Date of Admission -Patient's Birth Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	6	Gender	The biological sex of the Patient categorized as Male or Female.Note: Gender is not synonymous with Sex. The terms sex refers to biological differences between males and females, while the term gender refers to the social aspect of sex and expected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	7a	Ethnic	The term ethnic means of or pertaining to a group of people recognized as a class on the basis of certain distinctive characteristics such as religion, language, ancestry, culture or national origin	<input type="checkbox"/>	<input type="checkbox"/>
14	7b	Other, specify	Specification of other Ethnic group	<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 2: Risk Factor

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1	Risk factor	1a	None			<input type="checkbox"/>	<input type="checkbox"/>
2	Risk factor	1b	Diabetes Mellitus (DM)			<input type="checkbox"/>	<input type="checkbox"/>
3	Risk factor	1c	Hypertension (HPT)			<input type="checkbox"/>	<input type="checkbox"/>
4	Risk factor	1d	Past Stroke			<input type="checkbox"/>	<input type="checkbox"/>
5	Risk factor	1e	Ischaemic Heart Disease			<input type="checkbox"/>	<input type="checkbox"/>
6	Risk factor	1f	Hypercholesterolemia (HC)			<input type="checkbox"/>	<input type="checkbox"/>
7	Risk factor	1g	Smoking			<input type="checkbox"/>	<input type="checkbox"/>
8	Risk factor	1g.i	Smoking_Type		1:Current; 2:Past; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Risk factor	1h	Myope			<input type="checkbox"/>	<input type="checkbox"/>
10	Risk factor	1h.i	Myope (Right eye)			<input type="checkbox"/>	<input type="checkbox"/>
11	Risk factor	1h.ii	Myope Type (Right eye)		1:<2 d; 2:2 - 8 d; 3:>8 d; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12	Risk factor	1h.iii	Myope (Left eye)			<input type="checkbox"/>	<input type="checkbox"/>
13	Risk factor	1h.iv	Myope Type (Left eye)		1:<2 d; 2:2 - 8 d; 3:>8 d; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
14	Risk factor	1i	cataract surgery within last 3 months prior to onset of symptoms in the affected eye(s)			<input type="checkbox"/>	<input type="checkbox"/>
15	Risk factor	1i.i	Cataract (Right eye)			<input type="checkbox"/>	<input type="checkbox"/>
16	Risk factor	1i.ii	Cataract (Left eye)			<input type="checkbox"/>	<input type="checkbox"/>

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## Section: Section 3: Quality of Life

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1		1a	Are you currently driving, at least once a while ?		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2		1a.i	If Yes - Do you have difficulty driving during daytime in familiar places?		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3		1a.ii	If No, reason: never drive, gave up because of poor eye sight, others.		1:Never Drive; 2:Gave up because pf poor eye sight; 3:Other, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4		1a.iii	If No, reason: never drive, gave up because of poor eye sight, others. - Others, specify.			<input type="checkbox"/>	<input type="checkbox"/>
5		1b	Because of your eyesight, do you have difficulty reading ordinary print in newspaper?		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 4: Medical History

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1		1	Affected eye		1:Right eye; 2:Left eye; 3:Both eyes; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Right eye	2a.i	Metamorphopsia		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3	Right eye	2a.ii	Scotoma		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Right eye	2a.iii	Blurring of vision		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	Right eye	2a.iv.a	Duration of symptoms - Weeks			<input type="checkbox"/>	<input type="checkbox"/>
6	Right eye	2a.iv.b	Duration of symptoms - Months			<input type="checkbox"/>	<input type="checkbox"/>
7	Right eye	2a.iv.c	Duration of symptoms - Year			<input type="checkbox"/>	<input type="checkbox"/>
8	Right eye	2a.v.a	Previous treatment for AMD		1:Yes; 2:None; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Right eye	2a.v.b	Previous treatment for AMD - PDT			<input type="checkbox"/>	<input type="checkbox"/>
10	Right eye	2a.v.c	Previous treatment for AMD - AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
11	Right eye	2a.v.d	Previous treatment for AMD - PDT+AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
12	Right eye	2a.v.e	Previous treatment for AMD - Intravitral Triamcinolone		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
13	Right eye	2a.v.f	Previous treatment for AMD - Argon Laser			<input type="checkbox"/>	<input type="checkbox"/>
14	Left eye	2b.i	Metamorphopsia		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
15	Left eye	2b.ii	Scotoma		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	Left eye	2b.iii	Blurring of vision		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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17 Left eye	2b.iv.a	Duration of symptoms - Weeks		<input type="checkbox"/>	<input type="checkbox"/>
18 Left eye	2b.iv.b	Duration of symptoms - Months		<input type="checkbox"/>	<input type="checkbox"/>
19 Left eye	2b.iv.c	Duration of symptoms - Year		<input type="checkbox"/>	<input type="checkbox"/>
20 Left eye	2b.v.a	Previous treatment for AMD	1:Yes; 2:None; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
21 Left eye	2b.v.b	Previous treatment for AMD - PDT		<input type="checkbox"/>	<input type="checkbox"/>
22 Left eye	2b.v.c	Previous treatment for AMD - AntiVEGF		<input type="checkbox"/>	<input type="checkbox"/>
23 Left eye	2b.v.d	Previous treatment for AMD - PDT+AntiVEGF		<input type="checkbox"/>	<input type="checkbox"/>
24 Left eye	2b.v.e	Previous treatment for AMD - Intravitral Triamcinolone		<input type="checkbox"/>	<input type="checkbox"/>
25 Left eye	2b.v.f	Previous treatment for AMD - Argon Laser		<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 5: Clinical Features

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1	Right eye	1a.i	Unaided		1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Right eye	1a.ii	With glassess / pin hole		1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Left eye	1b.i	Unaided		1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Left eye	1b.ii	With glassess / pin hole		1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	Right eye	2a.i	Type of AMD		1:Exudative; 2:Nonexudative; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Right eye	2a.ii.a	Presence of drusen (right)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Right eye	2a.ii.b	Presence of drusen		1:Soft; 2:Hard; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
8	Right eye	2a.iii	Presence Of Central Geographic Atrophy (CGA)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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9 Right eye	2a.iv	Presence Of Pigment Epithelial Detachment (PED)	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Right eye	2a.v	Presence Of Subretinal Haemorrhage	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Right eye	2a.vi	Presence Of Disciform scar	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Left eye	2b.i	Type of AMD	1:Exudative; 2:Nonexudative; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
13 Left eye	2b.ii.a	Presence of drusen (left)	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
14 Left eye	2b.ii.b	Presence of drusen	1:Soft; 2:Hard; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
15 Left eye	2b.iii	Presence Of Central Geographic Atrophy (CGA)	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16 Left eye	2b.iv	Presence Of Pigment Epithelial Detachment (PED)	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
17 Left eye	2b.v	Presence Of Subretinal Haemorrhage	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
18 Left eye	2b.vi	Presence Of Disciform scar	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 6: Investigations

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1 Right eye	1a.i	OCT			1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2 Right eye	1a.ii.a	Subretinal Fluid				<input type="checkbox"/>	<input type="checkbox"/>
3 Right eye	1a.ii.b	Pigment Epithelial Detachment (PED)				<input type="checkbox"/>	<input type="checkbox"/>
4 Right eye	1a.ii.c	Other				<input type="checkbox"/>	<input type="checkbox"/>
5 Right eye	1a.ii.e	Other, specify				<input type="checkbox"/>	<input type="checkbox"/>
6 Left eye	1b	OCT			1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
7 Left eye	1b.i.a	Subretinal Fluid				<input type="checkbox"/>	<input type="checkbox"/>
8 Left eye	1b.i.b	Pigment Epithelial Detachment (PED)				<input type="checkbox"/>	<input type="checkbox"/>
9 Left eye	1b.i.c	Other				<input type="checkbox"/>	<input type="checkbox"/>
10 Left eye	1b.i.e	Other, specify				<input type="checkbox"/>	<input type="checkbox"/>
11 Right eye	2a	FFA			1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12 Right eye	2a.i.a	CNV				<input type="checkbox"/>	<input type="checkbox"/>
13 Right eye	2a.i.b	Scar				<input type="checkbox"/>	<input type="checkbox"/>
14 Right eye	2a.i.c	PED				<input type="checkbox"/>	<input type="checkbox"/>
15 Right eye	2a.ii.a	Classic				<input type="checkbox"/>	<input type="checkbox"/>
16 Right eye	2a.ii.b	Minimally classic				<input type="checkbox"/>	<input type="checkbox"/>
17 Right eye	2a.ii.c	Predominantly classic				<input type="checkbox"/>	<input type="checkbox"/>
18 Right eye	2a.ii.d	Occult				<input type="checkbox"/>	<input type="checkbox"/>

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19 Right eye	2a.iii	Location of CNV	1:Subfoveal; 2:Juxtafoveal; 3:Extrafoveal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
20 Right eye	2b	FFA	1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
21 Left eye	2b.i.a	CNV		<input type="checkbox"/>	<input type="checkbox"/>
22 Left eye	2b.i.b	Scar		<input type="checkbox"/>	<input type="checkbox"/>
23 Left eye	2b.i.c	PED		<input type="checkbox"/>	<input type="checkbox"/>
24 Left eye	2b.ii.a	Classic		<input type="checkbox"/>	<input type="checkbox"/>
25 Left eye	2b.ii.b	Minimally classic		<input type="checkbox"/>	<input type="checkbox"/>
26 Left eye	2b.ii.c	Predominantly classic		<input type="checkbox"/>	<input type="checkbox"/>
27 Left eye	2b.ii.d	Occult		<input type="checkbox"/>	<input type="checkbox"/>
28 Left eye	2b.iii	Location of CNV	1:Subfoveal; 2:Juxtafoveal; 3:Extrafoveal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
29 Right eye	3a	ICG	1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
30 Right eye	3a.i.a	Polyps		<input type="checkbox"/>	<input type="checkbox"/>
31 Right eye	3a.i.b	Plaque		<input type="checkbox"/>	<input type="checkbox"/>
32 Right eye	3a.i.c	No Abnormality		<input type="checkbox"/>	<input type="checkbox"/>
33 Left eye	3b	ICG	1:Done; 2:Not Done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
34 Left eye	3b.i.a	Polyps		<input type="checkbox"/>	<input type="checkbox"/>
35 Left eye	3b.i.b	Plaque		<input type="checkbox"/>	<input type="checkbox"/>
36 Left eye	3b.i.c	No Abnormality		<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 7: Diagnosis

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Right eye	a.i	Early AMD			<input type="checkbox"/>	<input type="checkbox"/>
2	Right eye	a.ii	Intermediate AMD			<input type="checkbox"/>	<input type="checkbox"/>
3	Right eye	a.iii	Advanced AMD - Geographical Atrophy			<input type="checkbox"/>	<input type="checkbox"/>
4	Right eye	a.iv	Advanced AMD - Disciform Scar			<input type="checkbox"/>	<input type="checkbox"/>
5	Right eye	a.v	Polypoidal choroidal vasculopathy (PCV)			<input type="checkbox"/>	<input type="checkbox"/>
6	Right eye	a.vi	Choroidal neovascularization (CNV)-active			<input type="checkbox"/>	<input type="checkbox"/>
7	Right eye	a.vi	Choroidal neovascularization (CNV)-treated			<input type="checkbox"/>	<input type="checkbox"/>
8	Right eye	a.vii	Other			<input type="checkbox"/>	<input type="checkbox"/>
9	Right eye	a.viii	Other, specify			<input type="checkbox"/>	<input type="checkbox"/>
10	Left eye	b.i	Early AMD			<input type="checkbox"/>	<input type="checkbox"/>

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11 Left eye	b.ii	Intermediate AMD	<input type="checkbox"/>	<input type="checkbox"/>
12 Left eye	b.iii	Advanced AMD - Geographical Atrophy	<input type="checkbox"/>	<input type="checkbox"/>
13 Left eye	b.iv	Advanced AMD - Disciform Scar	<input type="checkbox"/>	<input type="checkbox"/>
14 Left eye	b.v	Polypoidal choroidal vasculopathy (PCV)	<input type="checkbox"/>	<input type="checkbox"/>
15 Left eye	b.vi	Choroidal neovascularization (CNV)-active	<input type="checkbox"/>	<input type="checkbox"/>
16 Left eye	b.vi	Choroidal neovascularization (CNV)-treated	<input type="checkbox"/>	<input type="checkbox"/>
17 Left eye	b.vii	Other	<input type="checkbox"/>	<input type="checkbox"/>

## Section: Section 8: Diagnosis

#	Sub section	CRF Numbering	Caption	Definitiononn	Codelist	Mandatory	Core
1	Left eye	b.viii	Other, specify			<input type="checkbox"/>	<input type="checkbox"/>
2	Right eye	a.i	Treatment		1:Yes; 2:None; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Right eye	a.i.a	PDT			<input type="checkbox"/>	<input type="checkbox"/>
4	Right eye	a.i.b	AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
5	Right eye	a.i.c	PDT + AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
6	Right eye	a.i.d	Intravitral Triamcinolone			<input type="checkbox"/>	<input type="checkbox"/>
7	Right eye	a.i.e	Argon Laser			<input type="checkbox"/>	<input type="checkbox"/>
8	Right eye	a.i.f	Other			<input type="checkbox"/>	<input type="checkbox"/>
9	Right eye	a.i.g	Other, specify			<input type="checkbox"/>	<input type="checkbox"/>
10	Left eye	b.i	Treatment		1:Yes; 2:None; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
11	Left eye	b.i.a	PDT			<input type="checkbox"/>	<input type="checkbox"/>
12	Left eye	b.i.b	AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
13	Left eye	b.i.c	PDT + AntiVEGF			<input type="checkbox"/>	<input type="checkbox"/>
14	Left eye	b.i.d	Intravitral Triamcinolone			<input type="checkbox"/>	<input type="checkbox"/>
15	Left eye	b.i.e	Argon Laser			<input type="checkbox"/>	<input type="checkbox"/>
16	Left eye	b.i.f	Other			<input type="checkbox"/>	<input type="checkbox"/>
17	Left eye	b.i.g	Other, specify			<input type="checkbox"/>	<input type="checkbox"/>

## Section: after Section 8

#	Sub section	CRF Numbering	Caption	Definitiononn	Codelist	Mandatory	Core
1		a	Forms filled by		1:Medical Retinal (MR) specialist; 2:Vitreoretinal (VR) specialist; 3:MR or VR fellow; 4:Other specialist; 5:Medical officer; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>