

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

Section: 1: Demographics

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Patient name	Patient's Name		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2		2a	Identification card number - Old IC	Old identification card number		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3		2b	Identification card number - MyKad / MyKid	Mykad / identification card number		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4		2c	Identification card number - Other ID document No	Other ID document number		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5		2d	Identification card number - Specify type	Other document type		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6		3	Address	Address		<input type="checkbox"/>	<input type="checkbox"/>
7		3a	Postcode	Postcode		<input type="checkbox"/>	<input type="checkbox"/>
8		3b	TownCity	TownCity		<input type="checkbox"/>	<input type="checkbox"/>
9		3c	State	State		<input type="checkbox"/>	<input type="checkbox"/>
10		4a	Date of Birth	Date of birth (dd/mm/yy)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11		4b.i	Age at presentation (auto calculated)	Patient's age - month(s)(derived)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12		4b.ii	Age at presentation (auto calculated)	Patient's age - year(s) (derived)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13		5	Gender	Patient's Sex	1:Male; 2:Female	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14		6a	Ethnic	Patient's race	1:Malay; 2:Chinese; 3:Indian; 4:Orang Asli; 5:Melanau; 6:Kadazan/Murut/bajau; 7:Iban; 8:Bidayuh; 9:Other,specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15		6b	Ethnic - if other, specify	Other race group, if none of the specified race category is applicable		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16		7a	Source of referral		1:Government OPD clinic / Klinik Kesihatan / Klinik Desa; 2:Government Hospital - MO or specialist; 3:General Practitioner (GP); 4:Private	<input type="checkbox"/>	<input type="checkbox"/>
17		7b	Source of referral - Others, specify			<input type="checkbox"/>	<input type="checkbox"/>

Section: 2:Ocular History

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Date of Presentation	Date of presentation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2		2	Duration of Symptoms	Duration of Symptoms in days		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3		3	Affected eye		1:Right eye; 2:Left eye; 3:Both eye	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

4	Vision at Presentation	4a.i	Unaided - Right eye	Outcome of Vision at Presentation - 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 checked="" type="checkbox"/>
5	Vision at Presentation	4a.ii	Unaided - Left eye	Outcome of Vision at Presentation - 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 checked="" type="checkbox"/>
6	Vision at Presentation	4b.i	With glasses/pin hole - Right eye	Outcome of Vision at Presentation - With Glasses	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 checked="" type="checkbox"/>
7	Vision at Presentation	4b.ii	With glasses/pin hole - Left eye	Outcome of Vision at Presentation - With Glasses	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 checked="" type="checkbox"/>
8	Presumptive causative organism	5a	Bacteria	Presumptive causative organism of bacteria		<input type="checkbox"/>	<input type="checkbox"/>
9	Presumptive causative organism	5b	Fungus	Presumptive causative organism of fungus		<input type="checkbox"/>	<input type="checkbox"/>
10	Presumptive causative organism	5c	Acanthamoeba	Presumptive causative organism of Acanthamoeba		<input type="checkbox"/>	<input type="checkbox"/>
11	Presumptive causative organism	5d	Other	Other Presumptive causative organism if none of the specified categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
12	Presumptive causative organism	5e	Other Specify	Specify other presumptive causative organism		<input type="checkbox"/>	<input type="checkbox"/>
13	Laboratory investigation specimen sent	6a	Corneal Scraping	Laboratory investigation sent for Corneal Scraping		<input type="checkbox"/>	<input type="checkbox"/>
14	Laboratory investigation specimen sent	6b	Contact Lens	Laboratory investigation sent for Contact Lens		<input type="checkbox"/>	<input type="checkbox"/>
15	Laboratory investigation specimen sent	6c	Contact lens solution	Laboratory investigation sent for Contact Lens Solution		<input type="checkbox"/>	<input type="checkbox"/>
16	Laboratory investigation specimen sent	6d	PCR for fungus	Laboratory investigation sent for Polymerase chain reaction (PCR) detection of Fungus		<input type="checkbox"/>	<input type="checkbox"/>
17	Laboratory investigation specimen sent	6e	Not sent	Laboratory investigation not sent		<input type="checkbox"/>	<input type="checkbox"/>
18	Type of Contact Lens	7a	Daily Disposable	Risk factors:- Type of Contact Lens of Daily Disposable		<input type="checkbox"/>	<input type="checkbox"/>
19	Type of Contact Lens	7b	Extended wear	Risk factors:- Type of Contact Lens of Extended Wear		<input type="checkbox"/>	<input type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

20	Type of Contact Lens	7c	Weekly Disposable	Risk factors:- Type of Contact Lens of Weekly Disposable	<input type="checkbox"/>	<input type="checkbox"/>
21	Type of Contact Lens	7d	Rigid Gas Permeable	Risk factors:- Type of Contact Lens of Rigid gas permeable	<input type="checkbox"/>	<input type="checkbox"/>
22	Type of Contact Lens	7e	2 weekly Disposable	Risk factors:- Type of Contact Lens of 2 weekly Disposable	<input type="checkbox"/>	<input type="checkbox"/>
23	Type of Contact Lens	7f	Monthly Disposable	Risk factors:- Type of Contact Lens of Monthly Disposable	<input type="checkbox"/>	<input type="checkbox"/>
24	Type of Contact Lens	7g	Cosmetic coloured contact lens	Risk factors:- Type of Contact Lens of Cosmetic Contact Lens	<input type="checkbox"/>	<input type="checkbox"/>
25	Type of Contact Lens	7h	Other	Risk factors:- other type of Contact Lens if none of the specified categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>
26	Type of Contact Lens	7i	Other Specify	Risk factors:- Specify other type of Contact Lens	<input type="checkbox"/>	<input type="checkbox"/>
27		8	Brand of Contact lens	Risk factors:- Brand of Contact lens	<input type="checkbox"/>	<input type="checkbox"/>
28	Wearing Pattern	9a	Daily Wear (removes before sleep)	Risk factors:- Wearing Pattern of Daily Wear (removes before sleep)	<input type="checkbox"/>	<input type="checkbox"/>
29	Wearing Pattern	9b	Extended wear (sleeps with lens on)	Risk factors:- Wearing Pattern of Extended wear (sleeps with lens on)	<input type="checkbox"/>	<input type="checkbox"/>
30	Cleaning Solution	10a	Alcon	Risk factors:- Cleaning Solution brand - Alcon	<input type="checkbox"/>	<input type="checkbox"/>
31	Cleaning Solution	10b	Bausch And Lomb	Risk factors:- Cleaning Solution brand - Bausch and Lomb	<input type="checkbox"/>	<input type="checkbox"/>
32	Cleaning Solution	10c	Allergan (AMO)	Risk factors:- Cleaning Solution brand - Allergan (AMO)	<input type="checkbox"/>	<input type="checkbox"/>
33	Cleaning Solution	10d	Ciba Vision	Risk factors:- Cleaning Solution brand - CibaVision	<input type="checkbox"/>	<input type="checkbox"/>
34	Cleaning Solution	10e	Opto-medic	Risk factors:- Cleaning Solution brand - Opto-medic	<input type="checkbox"/>	<input type="checkbox"/>
35	Cleaning Solution	10f	Freskon	Risk factors:- Cleaning Solution brand - Freskon	<input type="checkbox"/>	<input type="checkbox"/>
36	Cleaning Solution	10g	Sauflon	Risk factors:- Cleaning Solution brand - Sauflon	<input type="checkbox"/>	<input type="checkbox"/>
37	Cleaning Solution	10h	Multisoft	Risk factors:- Cleaning Solution brand - Multisoft	<input type="checkbox"/>	<input type="checkbox"/>
38	Cleaning Solution	10i	I-Gel	Risk factors:- Cleaning Solution brand - Igel	<input type="checkbox"/>	<input type="checkbox"/>
39	Cleaning Solution	10j	Medivue	Risk factors:- Cleaning Solution brand - Medivue	<input type="checkbox"/>	<input type="checkbox"/>
40	Cleaning Solution	10k	Normal Saline	Risk factors:- Cleaning Solution brand - Normal Saline	<input type="checkbox"/>	<input type="checkbox"/>
41	Cleaning Solution	10l	Simvue	Risk factors:- Cleaning Solution brand - Simvue	<input type="checkbox"/>	<input type="checkbox"/>
42	Cleaning Solution	10m	Multimate	Risk factors:- Cleaning Solution brand - Multimate	<input type="checkbox"/>	<input type="checkbox"/>
43	Cleaning Solution	10n	Pharmasafe Multipurpose solution	Risk factors:- Cleaning Solution brand - Pharmasafe Multipurpose solution	<input type="checkbox"/>	<input type="checkbox"/>
44	Cleaning Solution	10o	Tap Water	Risk factors:- Cleaning Solution brand - Tap Water	<input type="checkbox"/>	<input type="checkbox"/>
45	Cleaning Solution	10p	Others	Risk factors:- Cleaning Solution brand - Others	<input type="checkbox"/>	<input type="checkbox"/>
46	Cleaning Solution	10q	Others Specify	Risk factors:- Cleaning Solution brand - Other, specify	<input type="checkbox"/>	<input type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

47	Cleaning Solution	10r	Do not use because of daily wear	Risk factors:- Cleaning Solution brand - Do not use because of daily wear	<input type="checkbox"/>	<input type="checkbox"/>
48	Cleaning Solution	10s	Not Known	Risk factors:- Cleaning Solution brand - Not known	<input type="checkbox"/>	<input type="checkbox"/>
49		11a	Ocular Trauma	Risk factors:- occurrence of Ocular Trauma 1:Yes; 2:No	<input type="checkbox"/>	<input type="checkbox"/>
50		11b	Yes Specify	Risk factors:- if Ocular Trauma occurred, specify type injuries	<input type="checkbox"/>	<input type="checkbox"/>

Section: 3: Culture Results by 3 months after presentation

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1	Corneal Scraping	1a	Negative (No growth)	Culture laboratory results 1 month after diagnosis of Cornea Scraping as Negative (no growth)		<input type="checkbox"/>	<input type="checkbox"/>
2	Corneal Scraping	1b	Acanthamoeba	Culture laboratory results 1 month after diagnosis of Cornea Scraping for Acanthamoeba		<input type="checkbox"/>	<input type="checkbox"/>
3	Corneal Scraping	1c	Bacterial	Culture laboratory results 1 month after diagnosis of Cornea Scraping for Bacteria		<input type="checkbox"/>	<input type="checkbox"/>
4	Corneal Scraping	1d	Bacterial Specify	Culture laboratory results 1 month after diagnosis of Cornea Scraping for other bacteria, specify		<input type="checkbox"/>	<input type="checkbox"/>
5	Corneal Scraping	1e	Fungal	Culture laboratory results 1 month after diagnosis of Cornea Scraping for fungal		<input type="checkbox"/>	<input type="checkbox"/>
6	Corneal Scraping	1f	Fungal Specify	Culture laboratory results 1 month after diagnosis of Cornea Scraping for other fungal infection, specify		<input type="checkbox"/>	<input type="checkbox"/>
7	Corneal Scraping	1g	Not Sent	Culture laboratory results 1 month after diagnosis of Cornea Scraping was not sent		<input type="checkbox"/>	<input type="checkbox"/>
8	Corneal Scraping	1h	Others	Culture laboratory results 1 month after diagnosis of Cornea Scraping of other type of infection		<input type="checkbox"/>	<input type="checkbox"/>
9	Corneal Scraping	1i	Others Specify	Culture laboratory results 1 month after diagnosis of Cornea Scraping of other type of infection, specify		<input type="checkbox"/>	<input type="checkbox"/>
10	Corneal Scraping	1j	Missing Data	Culture laboratory results 1 month after diagnosis missing		<input type="checkbox"/>	<input type="checkbox"/>
11	Contact lens	2a	Negative (No growth)	Culture laboratory results 1 month after diagnosis of Contact lens as Negative (no growth)		<input type="checkbox"/>	<input type="checkbox"/>
12	Contact lens	2b	Acanthamoeba	Culture laboratory results 1 month after diagnosis of Contact lens for Acanthamoeba		<input type="checkbox"/>	<input type="checkbox"/>
13	Contact lens	2c	Bacterial	Culture laboratory results 1 month after diagnosis of Contact lens for Bacteria		<input type="checkbox"/>	<input type="checkbox"/>
14	Contact lens	2d	Bacterial Specify	Culture laboratory results 1 month after diagnosis of Contact lens for other bacteria, specify		<input type="checkbox"/>	<input type="checkbox"/>
15	Contact lens	2e	Fungal	Culture laboratory results 1 month after diagnosis of Contact lens for fungal		<input type="checkbox"/>	<input type="checkbox"/>
16	Contact lens	2f	Fungal Specify	Culture laboratory results 1 month after diagnosis of Contact lens for other fungal infection, specify		<input type="checkbox"/>	<input type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

17	Contact lens	2g	Not Sent	Culture laboratory results 1 month after diagnosis of Contact lens was not sent		<input type="checkbox"/>	<input type="checkbox"/>
18	Contact lens	2h	Others	Culture laboratory results 1 month after diagnosis of Contact lens of other type of infection		<input type="checkbox"/>	<input type="checkbox"/>
19	Contact lens	2i	Others Specify	Culture laboratory results 1 month after diagnosis of Contact lens of other type of infection, specify		<input type="checkbox"/>	<input type="checkbox"/>
20	Contact lens	2j	Missing Data	Culture laboratory results 1 month after diagnosis for Contact lens missing		<input type="checkbox"/>	<input type="checkbox"/>
21	Contact lens solution	3a	Negative (No growth)	Culture laboratory results 1 month after diagnosis of Contact lens solution as Negative (no growth)		<input type="checkbox"/>	<input type="checkbox"/>
22	Contact lens solution	3b	Acanthamoeba	Culture laboratory results 1 month after diagnosis of Contact lens solution for Acanthamoeba		<input type="checkbox"/>	<input type="checkbox"/>
23	Contact lens solution	3c	Bacterial	Culture laboratory results 1 month after diagnosis of Contact lens solution for Bacteria		<input type="checkbox"/>	<input type="checkbox"/>
24	Contact lens solution	3d	Bacterial Specify	Culture laboratory results 1 month after diagnosis of Contact lens solution for other bacteria, specify		<input type="checkbox"/>	<input type="checkbox"/>
25	Contact lens solution	3e	Fungal	Culture laboratory results 1 month after diagnosis of Contact lens solution for fungal		<input type="checkbox"/>	<input type="checkbox"/>
26	Contact lens solution	3f	Fungal Specify	Culture laboratory results 1 month after diagnosis of Contact lens solution for other fungal infection, specify		<input type="checkbox"/>	<input type="checkbox"/>
27	Contact lens solution	3g	Not Sent	Culture laboratory results 1 month after diagnosis of Contact lens solution was not sent		<input type="checkbox"/>	<input type="checkbox"/>
28	Contact lens solution	3h	Others	Culture laboratory results 1 month after diagnosis of Contact lens solution of other type of infection		<input type="checkbox"/>	<input type="checkbox"/>
29	Contact lens solution	3i	Others Specify	Culture laboratory results 1 month after diagnosis of Contact lens solution of other type of infection, specify		<input type="checkbox"/>	<input type="checkbox"/>
30	Contact lens solution	3j	Missing Data	Culture laboratory results 1 month after diagnosis for Contact lens solution missing		<input type="checkbox"/>	<input type="checkbox"/>
31		4a	PCR	Culture laboratory results: Polymerase chain reaction (PCR) detection of fungus	1:Detected; 2:Not Detected; 3:Not Sent	<input type="checkbox"/>	<input type="checkbox"/>
32		4b	PCR: Detected Specify	Culture laboratory results: Polymerase chain reaction (PCR) detection of fungus, specify type of fungus		<input type="checkbox"/>	<input type="checkbox"/>

Section: 4: Outcome by 3 months after presentation

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1	Final Diagnosis: (based on lab results and clinical response to treatment)	1a	Bacterial	Culture laboratory results: Final Diagnosis:(based on lab results and clinical response to treatment) of Bacterial		<input type="checkbox"/>	<input type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

2	Final Diagnosis: (based on lab results and clinical response to treatment)	1a.i	Bacterial Specify	Culture laboratory results: Final Diagnosis:(based on lab results and clinical response to treatment) of Bacterial, specify type of bacteria	<input type="checkbox"/>	<input type="checkbox"/>	
3	Final Diagnosis: (based on lab results and clinical response to treatment)	1b	Fungal	Culture laboratory results: Final Diagnosis:(based on lab results and clinical response to treatment) of fungal	<input type="checkbox"/>	<input type="checkbox"/>	
4	Final Diagnosis: (based on lab results and clinical response to treatment)	1b.i	Fungal Specify	Culture laboratory results: Final Diagnosis:(based on lab results and clinical response to treatment) of fungal, specify type of bacteria	<input type="checkbox"/>	<input type="checkbox"/>	
5	Final Diagnosis: (based on lab results and clinical response to treatment)	1c	Acanthamoeba	Culture laboratory results: Final Diagnosis:(based on lab results and clinical response to treatment) of Acanthamoeba	<input type="checkbox"/>	<input type="checkbox"/>	
6	Final Diagnosis: (based on lab results and clinical response to treatment)	1d	Uncertain	Culture laboratory results: Uncertain of Final Diagnosis:(based on lab results and clinical response to treatment)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Final Diagnosis: (based on lab results and clinical response to treatment)	1e	Other		<input type="checkbox"/>	<input type="checkbox"/>	
8	Final Diagnosis: (based on lab results and clinical response to treatment)	1e.i	Other Specify		<input type="checkbox"/>	<input type="checkbox"/>	
9	Vision by 3 months after presentation	2a.i	Unaided - Right eye	Outcome of Vision at Reporting - 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 checked="" type="checkbox"/>
10	Vision by 3 months after presentation	2a.ii	Unaided - Left eye	Outcome of Vision at Reporting - 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 checked="" type="checkbox"/>
11	Vision by 3 months after presentation	2b.i	With glasses/pin hole - Right eye	Outcome of Vision at Reporting - With Glasses	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 checked="" type="checkbox"/>
12	Vision by 3 months after presentation	2b.ii	With glasses/pin hole - Left eye	Outcome of Vision at Reporting - With Glasses	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 checked="" type="checkbox"/>
13		3	Corneal Perforation	Outcome if Cornea Perforation occurred	1:Yes; 2:No	<input type="checkbox"/>	<input type="checkbox"/>

Contact Lens Related Corneal Ulcer Surveillance Data Definition Document

14	Surgery	4a	No	Outcome: if surgery was not performed		<input type="checkbox"/>	<input type="checkbox"/>
15	Surgery	4b	Penetrating keratoplasty	Outcome: if surgery of Penetrating Keratoplasty was performed		<input type="checkbox"/>	<input type="checkbox"/>
16	Surgery	4c	Eviseration	Outcome: if surgery of Evisceration was performed		<input type="checkbox"/>	<input type="checkbox"/>
17	Surgery	4d	Cornea Gluing	Outcome: if surgery of Cornea Gluing was performed		<input type="checkbox"/>	<input type="checkbox"/>
18	Surgery	4e	Other	Outcome: if other surgery was performed		<input type="checkbox"/>	<input type="checkbox"/>
19	Surgery	4e.i	Other Specify	Outcome: Specify if other surgery was performed		<input type="checkbox"/>	<input type="checkbox"/>
20		5a	Case Referred to other center	Outcome: Indication of Case Referred to other center	1:Yes; 2:No	<input type="checkbox"/>	<input type="checkbox"/>
21	Case Referred to other center	5a.i	Yes, specify hospital	Outcome: specify the centre/hospital name if Case was Referred to other center		<input type="checkbox"/>	<input type="checkbox"/>