

# Glaucoma Registry Data Definition Document

## Section: Header

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		i	Hospital / Clinic			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2		ii	Date of notification			<input type="checkbox"/>	<input checked="" type="checkbox"/>
3		iii	Case type	New case: 1st time diagnosed as glaucoma or OHT or glaucoma suspect. Follow-up: All follow-up glaucoma or OHT or glaucoma suspect cases that has never been registered in the glaucoma registry	1:New case; 2:Follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Section: 1: PATIENT PARTICULARS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Name of patient			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Identification card number	2a	MyKad/MyKid			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Identification card number	2c	Other ID document No	Eg. Old IC, passport, armed force, hospital registration number		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Identification card number	2d	Specify type			<input type="checkbox"/>	<input checked="" type="checkbox"/>
5		3a	Postcode			<input type="checkbox"/>	<input type="checkbox"/>
6		3b	TownCity			<input type="checkbox"/>	<input type="checkbox"/>
7		3c	State		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: Others, specify; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
8		4a	Date of birth			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9		4b.i	Age at notification (auto calculated) - year(s)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10		4b.ii	Age at notification (auto calculated) - month(s)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11		5	Gender		1:Male; 2:Female	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12		6a	Ethnic group		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"/>
13		6b	Ethnic group - other specify			<input type="checkbox"/>	<input type="checkbox"/>

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14	7	Occupation	Government employee: Employ by the Government ;Private employed: Employ by the Private sector; Self employed: Doing own business; Unemployed: Unable to work /retired /housewife /student /part-time or occasionally working	1:Government employed; 11:Private employed; 12:Self employed; 13:Unemployed; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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## Section: 2: MEDICAL HISTORY

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Medical history	1a	None			<input type="checkbox"/>	<input type="checkbox"/>
2	Medical history	1b	Diabetes	IDDM, NIDDM		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Medical history	1c	Hypertension	Hypertensive on diet control or treatment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Medical history	1d	Hypercholesterolemia	Hypercholesterolemic patient on diet control or treatment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Medical history	1e	Cardiac disease	IHD, previous MI/ bypass, heart failure, pacemaker, valvular diseases, etc		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Medical history	1f	Stroke			<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Medical history	1g	Vasospastic disease	Migraine , Raynaud's disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Medical history	1h	Respiratory disease	Asthma, COAD, bronchiectasis etc		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Medical history	1j	Family history of glaucoma			<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Medical history	1i	History of steroid therapy	Topical,orbital floor injection, intravitreal and systemic corticosteroids	1:Yes; 2:No	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Section: 3:OCULAR EXAMINATION

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		3	Eye(s) affected	Eye(s) (including NPL eye) that has glaucoma problem	1:Right eye only; 2:Left eye only; 3:Both eyes; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	OD	2a.i	Unobtainable	Patient is not cooperative or mentally adequate for VA assessment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	OS	2b.i	Unobtainable	Patient is not cooperative or mentally adequate for VA assessment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	VA-OD	2a.ii	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	VA-OD	2a.iii	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"/>

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6	VA-OS	2b.ii	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"/>
7	VA-OS	2b.iii	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	VA-OD	3a	Cup-Disc ratio (vertical)	Undetermined: Good view of the disc but not able to determine the cup-disc ratio eg. severe tilted and myopic disc, disc with drusen / overlying glial/fibrous tissue/optic disc pit /coloboma , etc. No view of disc due to a.Media clarity problem eg. dense cataract, vitreous haemorrhage, cornea scar, bullous keratopathy, etc; b.Disorganized /absence globe eg. phthisis , prosthesis	1:0.1; 2:0.2; 3:0.3; 4:0.4; 5:0.5; 6:0.55; 7:0.6; 8:0.65; 9:0.7; 10:0.75; 11:0.8; 12:0.85; 13:0.9; 14:0.95; 15:1.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	VA-OS	3b	Cup-Disc ratio (vertical)	Undetermined: Good view of the disc but not able to determine the cup-disc ratio eg. severe tilted and myopic disc, disc with drusen / overlying glial/fibrous tissue/optic disc pit /coloboma , etc. No view of disc due to a.Media clarity problem eg. dense cataract, vitreous haemorrhage, cornea scar, bullous keratopathy, etc; b.Disorganized /absence globe eg. phthisis , prosthesis	1:0.1; 2:0.2; 3:0.3; 4:0.4; 5:0.5; 6:0.55; 7:0.6; 8:0.65; 9:0.7; 10:0.75; 11:0.8; 12:0.85; 13:0.9; 14:0.95; 15:1.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Section: 4:DIAGNOSIS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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1	OD	1a.i	Primary	<p>Glaucoma with no known causes. Congenital:Glaucoma associated with developmental anomalies that are present at birth, including primary congenital glaucoma and glaucoma associated with other developmental anomalies, either ocular or systemic , POAG:Patient with high or normal IOP with glaucomatous disc and/or visual field defects.; Glaucoma suspect:Patient with open angle and normal IOP , with either a suspicious glaucomatous disc or visual field defects; OHT:Patient with increased IOP without evidence of glaucomatous optic disc damage or visual field defects; PACG:Patient with chronic closed/narrow/creeping angle (inclusive of those with previous acute attack) with raised IOP, glaucomatous disc and/or visual field defects.; PAC:Patient with current or previous episode of acute attack of angle closure but without glaucomatous disc damage and visual field defects; PAC suspect:Patients with narrow/appositional angles with/without any procedure done (eg. Laser/surgical PI , ALPi, cataract operation)</p>	<p>1:Congenital; 5:OHT; 9:Others; 13:PACG; 11:POAG; 14:PAC; 12:Glaucoma suspect; 15:PAC suspect; 8888:Not available; 9999:Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	OD	1a.i.a	Primary if others,specify	<p>Specification if Primary diagnosis is Other</p>		<input type="checkbox"/>	<input type="checkbox"/>
3	OD	1a.ii	Secondary	<p>Glaucoma associated with known ocular or systemic causes. PEX:Glaucoma with presence of pseudoexfoliation material in the anterior segment of the eye ; Rubeotic:Neovascular glaucoma of any cause; Post traumatic:Glaucoma following trauma eg. angle recession, aniridia,etc; Steroid induced:Glaucoma associated with steroid administration producing a clinical pictures that closely resembles that of POAG; Malignant:Glaucoma occurring following ocular procedure characterized by flat anterior chamber and high IOP; Mixed type:Combination of various possible causes eg. post-traumatic with previous vitreoretinal surgery with anterior chamber IOL; Pigment Dispersion:Glaucoma secondary to pigment dispersion syndrome or IOL , etc ; Inflammatory; Lens Induced:Glaucoma caused by lens pathology eg. phacomorphic, phacolytic, dislocated, subluxated lens, etc; Post surgery:Persistent raise IOP post surgery with glaucomatous optic disc damage and visual field defects; ICE:Glaucoma secondary to iridocorneal endotheliopathy ; OHT:Patient with increased IOP ( due to secondary causes eg. silicone oil, intravitreal gas, steroid therapy, etc) without evidence of glaucomatous optic disc damage or visual field defects</p>	<p>1:PEX; 2:PDS; 4:Rubeotic; 8:Malignant; 9:ICE; 10:Steroid induced; 11:Post surgery; 13:Mixed type; 14:Others; 21:Pasttraumatic; 22:Inflammatory; 23:Lens induced; 8888:Not available; 9999:Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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4	OD	1a.ii.a	Secondary if others,specify	Specification if Secondary diagnosis is Other		<input type="checkbox"/>	<input type="checkbox"/>
5	OS	1b.i	Primary	<p>Glaucoma with no known causes. Congenital:Glaucoma associated with developmental anomalies that are present at birth, including primary congenital glaucoma and glaucoma associated with other developmental anomalies, either ocular or systemic , POAG:Patient with high or normal IOP with glaucomatous disc and/or visual field defects.; Glaucoma suspect:Patient with open angle and normal IOP , with either a suspicious glaucomatous disc or visual field defects; OHT:Patient with increased IOP without evidence of glaucomatous optic disc damage or visual field defects; PACG:Patient with chronic closed/narrow/creeping angle (inclusive of those with previous acute attack) with raised IOP, glaucomatous disc and/or visual field defects.; PAC:Patient with current or previous episode of acute attack of angle closure but without glaucomatous disc damage and visual field defects; PAC suspect:Patients with narrow/appositional angles with/without any procedure done (eg. Laser/surgical PI , ALPi, cataract operation)</p>	<p>1:Congenital; 5:OHT; 9:Others; 13:PACG; 11:POAG; 14:PAC; 12:Glaucoma suspect; 15:PAC suspect; 8888:Not available; 9999:Missing</p>	<input type="checkbox"/>	<input type="checkbox"/>
6	OS	1b.i.a	Primary if others,specify	Specification if Primary diagnosis is Other		<input type="checkbox"/>	<input type="checkbox"/>

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7	OS	1b.ii	Secondary	<p>Glaucoma associated with known ocular or systemic causes.</p> <p>PEX:Glaucoma with presence of pseudoexfoliation material in the anterior segment of the eye ;</p> <p>Rubeotic:Neovascular glaucoma of any cause; Post traumatic:Glaucoma following trauma eg. angle recession, aniridia,etc; Steroid induced:Glaucoma associated with steroid administration producing a clinical pictures that closely resembles that of POAG;</p> <p>Malignant:Glaucoma occurring following ocular procedure characterized by flat anterior chamber and high IOP; Mixed type:Combination of various possible causes eg. post-traumatic with previous vitreoretinal surgery with anterior chamber IOL; Pigment Dispersion:Glaucoma secondary to pigment dispersion syndrome or IOL , etc ; Inflammatory; Lens Induced:Glaucoma caused by lens pathology eg. phacomorphic, phacolytic, dislocated, subluxated lens, etc; Post surgery:Persistent raise IOP post surgery with glaucomatous optic disc damage and visual field defects;</p> <p>ICE:Glaucoma secondary to iridocorneal endotheliopathy ;</p> <p>OHT:Patient with increased IOP ( due to secondary causes eg. silicone oil, intravitreal gas, steroid therapy, etc) without evidence of glaucomatous optic disc damage or visual field defects</p>	<p>1:PEX; 2:PDS; 4:Rubeotic; 8:Malignant; 9:ICE; 10:Steroid induced; 11:Post surgery; 13:Mixed type; 14:Others; 21:Pasttraumatic; 22:Inflammatory; 23:Lens induced; 8888:Not available; 9999:Missing</p>	<input type="checkbox"/>	<input type="checkbox"/>
8	OS	1b.ii.a	Secondary if others,specify	Specification if Secondary diagnosis is Other		<input type="checkbox"/>	<input type="checkbox"/>

## Section: 5:MANAGEMENT

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	OD	a.i	No treatment	Patient with raised IOP and/ or glaucomatous optic disc damage that is NPL or very poor visual potential and no further active management given	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	OS	b.i	No treatment	Patient with raised IOP and/ or glaucomatous optic disc damage that is NPL or very poor visual potential and no further active management given	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	OD	a.ii	Observation	No medical and/or surgery management except regular follow-ups with ocular examination and visual field tests eg. glaucoma suspect or OHT or patients with previous surgical/laser treatment without medication	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	OS	b.ii	Observation	No medical and/or surgery management except regular follow-ups with ocular examination and visual field tests eg. glaucoma suspect or OHT or patients with previous surgical/laser treatment without medication	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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5	Current therapy - OD	a.iii.a	Current Medical Therapy		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
6	Current therapy - OD	a.iii.a.i	Beta-blockers	Timolol 0.5%, Timolol XE, Timolast, Timo-comod, Betoptic, Betoptic S, Betagan		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Current therapy - OD	a.iii.a.ii	Prostaglandins Analog	Xalatan, Travatan, Lumigan		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Current therapy - OD	a.iii.a.iii	Topical CAIs	Trusopt, Azopt		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Current therapy - OD	a.iii.a.ii	Alphaadrenergic	Alphagan, Alphagan P, Brimonidine (Alcon)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Current therapy - OD	a.iii.a.iv	Cholinergics	Pilocarpine 1%, 2% or 4%		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Current therapy - OD	a.iii.a.v	Systemic CAIs	Oral glycerol, Mannitol		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Current therapy - OD	a.iii.a.vi	Hyperosmotic agents	Oral glycerol, Mannitol		<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Current therapy - OD		Others	Fixed combination eg. Xalacom, Cosopt , Duotrav, Combigan, Ganfort etc is considered as 2 medications		<input type="checkbox"/>	<input type="checkbox"/>
14	Current therapy - DS		Others, specify	Specification if current medical therapy is Other		<input type="checkbox"/>	<input type="checkbox"/>
15	Previous therapy - OD		Previous laser therapy		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	Previous therapy - OD		Iridotomy			<input type="checkbox"/>	<input type="checkbox"/>
17	Previous therapy - OD		Iridoplasty			<input type="checkbox"/>	<input type="checkbox"/>
18	Previous therapy - OD	5.04a.02	Trabeculoplasty			<input type="checkbox"/>	<input type="checkbox"/>
19	Previous therapy - OD	5.04a.05	Transcleral Cyclo diode			<input type="checkbox"/>	<input type="checkbox"/>
20	Previous therapy - OD		Endocyclodiode			<input type="checkbox"/>	<input type="checkbox"/>
21	Previous therapy - OD	5.04a.06	Others	eg. Deep sclerectomy, viscocanalostomy etc		<input type="checkbox"/>	<input type="checkbox"/>
22	Previous therapy - OD	5.04a.07	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
23	OD	5.05a	Previous Surgery		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
24	Current Surgery OD	5.05a.01	Trabeculectomy (plain)	Without any intraoperatively antimetabolic		<input type="checkbox"/>	<input type="checkbox"/>
25	Current Surgery OD	5.05a.02	DrainageDevice	Ahmad Valve, Baerveldt Implant or Molteno Implant etc		<input type="checkbox"/>	<input type="checkbox"/>
26	Current Surgery OD	5.05a.03	Needling			<input type="checkbox"/>	<input type="checkbox"/>
27	Current Surgery OD	5.05a.04	Non PenetratingSurgery	eg. Deep sclerectomy, viscocanalostomy etc		<input type="checkbox"/>	<input type="checkbox"/>
28	Current Surgery OD	5.05a.12	Trabeculotomy	Trabeculotomy		<input type="checkbox"/>	<input type="checkbox"/>
29	Current Surgery OD	5.05a.06	Trabeculectomy (augmented)	With intraoperative antimetabolic eg. mitomycin C, 5 -Fluorouracil		<input type="checkbox"/>	<input type="checkbox"/>
30	Current Surgery OD	5.05a.05	Trabeculectomy	Not known whether any intraoperative antimetabolic used		<input type="checkbox"/>	<input type="checkbox"/>

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31	Current Surgery OD	5.05a.08	Cryotherapy		<input type="checkbox"/>	<input type="checkbox"/>
32	Current Surgery OD	5.05a.07	Surgical PI only	Peripheral iridotomy done surgically	<input type="checkbox"/>	<input type="checkbox"/>
33	Previous - OD	5.05a.09	Goniotomy		<input type="checkbox"/>	<input type="checkbox"/>
34	Current Surgery OD	5.05a.10	Other		<input type="checkbox"/>	<input type="checkbox"/>
35	Current Surgery OD	5.05a.11	Other, Specify		<input type="checkbox"/>	<input type="checkbox"/>
36	Current therapy - OD	a.iii.b	Current Medical Therapy		<input type="checkbox"/>	<input type="checkbox"/>
				1:Yes; 2:No; 8888:Not available; 9999:Missing		
37	Current therapy - OS	b.iii.a.i	Beta-blockers	Timolol 0.5%, Timolol XE, Timolast, Timo-comod, Betoptic, Betoptic S, Betagan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Current therapy - OS	b.iii.a.ii	Prostaglandins Analog	Xalatan, Travatan, Lumigan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39	Current therapy - OS	b.iii.a.v	Topical CAIs	Trusopt, Azopt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Current therapy - OS	b.iii.a.iv	Alphaadrenergic	Alphagan, Alphagan P, Brimonidine (Alcon)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	Current therapy - OS	b.iii.a.vi	Cholinergics	Pilocarpine 1%, 2% or 4%	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	Current therapy - OS		Systemic CAIs	Tablet / Intravenous Acetazolamide (Diamox)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Current therapy - OS		Hyperosmotic agents	Oral glycerol, Mannitol	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44	Current therapy - OS		Others	Fixed combination eg. Xalacom, Cosopt , Duotrav, Combigan, Ganfort etc is considered as 2 medications	<input type="checkbox"/>	<input type="checkbox"/>
45	Current therapy - OS		Others, specify	Specification if current medical therapy is Other	<input type="checkbox"/>	<input type="checkbox"/>
46	Previous therapy - OS		Previous laser therapy		<input type="checkbox"/>	<input type="checkbox"/>
				1:Yes; 2:No; 8888:Not available; 9999:Missing		
47	Previous therapy - OS	5.04b.01	Iridotomy		<input type="checkbox"/>	<input type="checkbox"/>
48	Previous therapy - OS	5.04b.04	Iridoplasty		<input type="checkbox"/>	<input type="checkbox"/>
49	Previous therapy - OS	5.04b.02	Trabeculoplasty		<input type="checkbox"/>	<input type="checkbox"/>
50	Previous therapy - OS		Transcleral Cycloidiode		<input type="checkbox"/>	<input type="checkbox"/>
51	Previous therapy - OS	5.04b.03	Endocyclodiode		<input type="checkbox"/>	<input type="checkbox"/>
52	Previous therapy - OS	5.04b.06	Others		<input type="checkbox"/>	<input type="checkbox"/>
53	Previous therapy - OS	5.04b.07	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
54	OS	5.05b	Previous Surgery		<input type="checkbox"/>	<input type="checkbox"/>
				1:Yes; 2:No; 8888:Not available; 9999:Missing		
55	Current Surgery OS	5.05b.02	DrainageDevice	Ahmad Valve, Baerveldt Implant or Molteno Implant etc	<input type="checkbox"/>	<input type="checkbox"/>
56	Current Surgery OS	5.05b.05	Trabeculectomy	Not known whether any intraoperative antimetabolic used	<input type="checkbox"/>	<input type="checkbox"/>
57	Current Surgery OS	5.05b.03	Needling		<input type="checkbox"/>	<input type="checkbox"/>



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58	Current Surgery OS	5.05b.04	Non Penetrating Surgery	eg. Deep sclerectomy, viscocanalostomy etc	<input type="checkbox"/>	<input type="checkbox"/>
59	Current Surgery OS	5.05b.12	Trabeculotomy	Trabeculotomy	<input type="checkbox"/>	<input type="checkbox"/>
60	Current Surgery OS	5.05b.01	Trabeculectomy (plain)	Without any intraoperatively antimetabolic	<input type="checkbox"/>	<input type="checkbox"/>
61	Current Surgery OS	5.05b.06	Trabeculectomy (augmented)	With intraoperative antimetabolic eg. mitomycin C, 5 -Flurouracil	<input type="checkbox"/>	<input type="checkbox"/>
62	Current Surgery OS	5.05b.07	Cryotherapy		<input type="checkbox"/>	<input type="checkbox"/>
63	Current Surgery OS	5.05b.08	Surgical PI	Peripheral iridotomy done surgically	<input type="checkbox"/>	<input type="checkbox"/>
64	Previous - OS	5.05b.09	Goniotomy		<input type="checkbox"/>	<input type="checkbox"/>
65	Current Surgery OS	5.05b.10	Other		<input type="checkbox"/>	<input type="checkbox"/>
66	Current Surgery OS	5.05b.11	Other, Specify		<input type="checkbox"/>	<input type="checkbox"/>

**Section: After section 5**

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		5.06a	Examined by		1:Glaucoma Specialist; 2:Glaucoma Fellow; 3:Others,specify; 4:Medical Officer	<input type="checkbox"/>	<input type="checkbox"/>