



Radiation Retinopathy Grading Form

EVALUATION OF **STUDY EYE** PHOTOGRAPHS: **MACULAR ZONE**

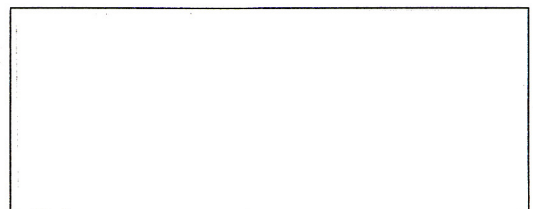
	NONE 0	QUES. 1	2	3	4	CANNOT DETERMINE 8	LESION ≤750µ OF FOVEA		FOVEAL CENTER INVOLVED	
M-1. Retinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-2. Subretinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-3. Preretinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	<1	<2	≥2	CD	Y	N	Y	N
M-4. Vitreous hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	DEFINITE			CD	Y	N	Y	N
M-5. Vascular sheathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-6. Cotton wool spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-7. Hard exudates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	<1	<2	≥2	CD	Y	N	Y	N
M-8. Microaneurysms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	<6	<20	≥20	CD	Y	N	Y	N
M-9. Capillary nonperfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-10. Macular edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-11. Telangiectasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	<1	<2	≥2	CD	Y	N	Y	N
M-12. Laser scars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NONE	?	FOCAL	SCATTER	BOTH	CD	Y	N	Y	N
M-13. Foveal RPE atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
M-14. Foveal retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
	NONE	?	DEFINITE			CD				
M-15. Other disease	<input type="checkbox"/>	<input type="checkbox"/>								
	N	Y								
M-15a. Code:									

Color: or FA/Color:

Grading date:
Month Day Year

Photography date:
Month Day Year

Grader:
HINER BOLDT BROTHERS





EVALUATION OF STUDY EYE PHOTOGRAPHS: PERIPAPILLARY ZONE

	NONE 0	QUES. 1	2	3	4	CANNOT DETERMINE 8
P-1. Retinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-2. Subretinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-3. Preretinal hemorrhage	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> <1	<input type="checkbox"/> <2	<input type="checkbox"/> ≥2	<input type="checkbox"/> CD
P-4. Vitreous hemorrhage	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> DEFINITE			<input type="checkbox"/> CD
P-5. Optic disc hemorrhage	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> 1-2, <1/8 DA	<input type="checkbox"/> 1-2, ≥1/8 DA or 3-4, ≤1/4 DA	<input type="checkbox"/> ≥5 or ≥1/4 DA	<input type="checkbox"/> CD
P-6. Vascular sheathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-7. Cotton wool spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-8. Hard exudates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-9. Telangiectasia	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> <1	<input type="checkbox"/> <2	<input type="checkbox"/> ≥2	<input type="checkbox"/> CD
P-10. Neovascularization of disc	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> <1	<input type="checkbox"/> <2	<input type="checkbox"/> ≥2	<input type="checkbox"/> CD
P-11. Optic disc edema	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> MILD/MOD.	<input type="checkbox"/> SEVERE		<input type="checkbox"/> CD
P-12. Optic disc pallor	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> SEGMENTAL	<input type="checkbox"/> GENERAL		<input type="checkbox"/> CD
P-13. Optic disc hyperfluorescence	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> DEFINITE			<input type="checkbox"/> CD
P-14. Microaneurysms	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> <6	<input type="checkbox"/> <20	<input type="checkbox"/> ≥20	<input type="checkbox"/> CD
P-15. Capillary nonperfusion	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> <1	<input type="checkbox"/> <2	<input type="checkbox"/> ≥2	<input type="checkbox"/> CD
P-16. Laser scars	<input type="checkbox"/> NONE	<input type="checkbox"/> ?	<input type="checkbox"/> FOCAL	<input type="checkbox"/> SCATTER	<input type="checkbox"/> BOTH	<input type="checkbox"/> CD
P-17. Other disease	<input type="checkbox"/>	<input type="checkbox"/>	P-17a. Code:			

N Y

