



[Service provider logo]	Name of screener
	Date of screen
	Location

1. Information about the person			
Family name		Given names	
Date of birth	Age: 0-3 <input type="checkbox"/> 4-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40+ <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Address			
Phone/email			Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/caregiver details			
Family name		Given names	
Phone/email			Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Pre-screening questions	Yes	No	Action
If a child is under 5 years old, was the child pre-term or low birth weight?	<input type="checkbox"/>	<input type="checkbox"/>	Yes ☹ Stop screen and 📞 Refer to eye health professional
Do you have pain, discharge or itchiness in the eye?	<input type="checkbox"/>	<input type="checkbox"/>	Yes → Which do you have? Pain <input type="checkbox"/> Discharge <input type="checkbox"/> Itchiness <input type="checkbox"/>
Do you have an eye injury?	<input type="checkbox"/>	<input type="checkbox"/>	Yes → What caused the injury? Chemicals <input type="checkbox"/> ☹ Stop screen, wash out eye, then continue Burn/hot liquid <input type="checkbox"/> Foreign body <input type="checkbox"/> Knock or cut <input type="checkbox"/>
Do you have blurred vision or any other symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	Yes → Record details in notes
Do you have diabetes and/or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Yes and a problem is identified during screening or person is not under care of a diabetes and/or health service 📞 Refer to eye health professional and/or diabetes service.
Do you currently receive care from an eye health professional?	<input type="checkbox"/>	<input type="checkbox"/>	Yes , and a problem identified during screening 📞 Refer to eye health professional at service person is already using.
Do you wear spectacles? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes → What are the spectacles used for?		Yes , and a problem is identified during screening 📞 Refer to eye health professional at service person is already using.
	Seeing things in the distance <input type="checkbox"/>		→ Ask person to wear for distance vision screen
	Seeing things that are near <input type="checkbox"/>		→ Ask person to wear for near vision screen
	Both distance and near <input type="checkbox"/>		→ Ask person to wear for both distance and near vision screen
	Do not know <input type="checkbox"/>		→ Ask person not to wear for any vision screen

Notes

3. Vision screen			
Fundus reflex screen <i>Children 3 years and younger only</i>			Action
Do both eyes have a healthy fundus reflex? Yes <input type="checkbox"/> No <input type="checkbox"/>	No → Why?		No → Continue to next step and ☞ Refer to eye health professional urgently
	Unhealthy colour or brightness: Right eye <input type="checkbox"/> Left eye <input type="checkbox"/>		
	No fundus reflex: Right eye <input type="checkbox"/> Left eye <input type="checkbox"/>		
Distance vision screen <i>Adults and children over 3 years only</i>			
Chart:	3–8 years <input type="checkbox"/> → HOTV Older than 8 years <input type="checkbox"/> → Distance E-chart		
Spectacles:	If the person wears spectacles for distance vision, are they wearing them for screen?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Right eye: Top line	Result	Right eye: Bottom line	Action
Matches 2 or more letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes → Continue to bottom line No → Continue to left eye	Matches 3 or more letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes to all, both eyes <input type="checkbox"/> And: Under 40 years → Skip to eye health screen 40 years or older → Continue to near vision screen
Left eye: Top line	Result	Left eye: Bottom line	
Matches 2 or more letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes → Continue to bottom line No → Continue to eye health screen	Matches 3 or more letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	No to any <input type="checkbox"/> Top line → Skip to eye health screen and ☞ Refer to eye health professional urgently Bottom line → Skip to eye health screen and ☞ Refer to eye health professional
Not able to complete distance vision screen <input type="checkbox"/>			→ Skip to eye health screen and ☞ Refer to eye health professional
Near vision screen <i>Adults 40 years and older only</i>			
Spectacles:	If the person wears spectacles for near vision, are they wearing them for screen?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Correctly indicates the direction of 3 or more E's on the Near E-chart: Yes <input type="checkbox"/> No <input type="checkbox"/>			No → Record and continue to eye health screen. If passes eye health screen assess for near vision spectacles. If not available ☞ Refer to eye health professional
Not able to complete near vision screen <input type="checkbox"/>			☞ Refer to eye health professional
For a summary of how to manage vision problems			→ Guide one: Vision problems

4. Eye health screen				Action
Do both eyes look healthy? Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes → Skip to Action taken No → Record why below
Eye health problems		Right	Left	Action
Signs of a red eye problem	Redness	<input type="checkbox"/>	<input type="checkbox"/>	→ Guide two: Red eye problems
	Watery or sticky discharge	<input type="checkbox"/>	<input type="checkbox"/>	
	Eye itchiness	<input type="checkbox"/>	<input type="checkbox"/>	

Signs of an external eye problem	Crust on eyelids/lashes	<input type="checkbox"/>	<input type="checkbox"/>	→ Guide three: External eye problems
	Eyelashes turn inwards	<input type="checkbox"/>	<input type="checkbox"/>	
	Swelling or lump(s) on eyelid(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	Growth on eye surface or around the eye	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of another eye problem	Pupil or cornea appears unclear/white/cloudy	<input type="checkbox"/>	<input type="checkbox"/>	☞ Refer to eye health professional
	Eyes not looking in same direction	<input type="checkbox"/>	<input type="checkbox"/>	
	Other ✎	<input type="checkbox"/>	<input type="checkbox"/>	
3 years and younger and any of the above <input type="checkbox"/>				→ Guide four: Children 3 years and younger
Signs of an eye injury	Chemical	<input type="checkbox"/>	<input type="checkbox"/>	→ Guide five: Eye injuries
	Burn	<input type="checkbox"/>	<input type="checkbox"/>	
	Foreign body	<input type="checkbox"/>	<input type="checkbox"/>	
	Knock or cut	<input type="checkbox"/>	<input type="checkbox"/>	
Not able to complete eye health screen <input type="checkbox"/>				☞ Refer to eye health professional

5. Action taken		
Teach:	Eye health education <input type="checkbox"/>	
Perform:	Eye washout <input type="checkbox"/> Foreign body removal <input type="checkbox"/> Eyelid and lash cleaning <input type="checkbox"/> Eyelash removal <input type="checkbox"/> Pupil reactions test: Pass <input type="checkbox"/> / Did not pass <input type="checkbox"/> Eye movements test: Pass <input type="checkbox"/> / Did not pass <input type="checkbox"/>	
Provide:	Hot compress <input type="checkbox"/> Cold compress <input type="checkbox"/> Eye pad <input type="checkbox"/> Eye shield <input type="checkbox"/> Near vision spectacles: Power ✎ _____	Medication: Type ✎ _____ Dose ✎ _____ Instructions ✎ _____
Notes:	✎ _____	
Refer:	Eye health professional <input type="checkbox"/> Health professional <input type="checkbox"/> Diabetes service <input type="checkbox"/> Other ✎ _____ Reason ✎ _____	Urgent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Follow up:	No <input type="checkbox"/> Yes <input type="checkbox"/> → Date ✎ _____	

6. Follow up	
Reason: No change <input type="checkbox"/> Worsening symptoms <input type="checkbox"/> Other <input type="checkbox"/>	Date returned ✎ _____
Details ✎ _____	
Further action taken ✎ _____	