





1. Information about the person	
Family name	Given names
Age: 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55+ <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address	Telephone

2. Simple eye health check			
Look closely at each eye with torch	Yes	No	
Do both eyes look healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<b>No</b> Refer to eye health professional
<b>Ask</b>			
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes to any</b> Refer to eye health professional
Do you have any eye pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	

3. Simple vision tests			
<i>Check if the person wears spectacles prescribed by an eye health professional</i>			
Do you wear spectacles that were prescribed for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes</b> → Are these spectacles for:	Seeing in the distance <input type="checkbox"/> → Wear for simple distance vision test		
	Seeing up close <input type="checkbox"/> → Wear for simple near vision test		
	Not sure <input type="checkbox"/> → Do not wear during tests		
<b>Carry out simple distance vision test (8 years and older)</b>			
<b>Right eye: Top line</b>	<b>Result</b>	<b>Right eye: Bottom line</b>	<b>Result</b>
Matches <b>2 or more</b> letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Yes</b> → Continue to bottom line <b>No</b> → Continue to left eye	Matches <b>3 or more</b> letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <b>Yes to all, both eyes and:</b> <b>Under 40 years</b> → Continue to plan. <b>40 years or older</b> → Continue to near vision test. <input type="checkbox"/> <b>No to any</b> <b>Top line</b> →  Refer to eye health professional urgently. <b>Bottom line</b> →  Refer to eye health professional. If person has seen eye health professional in last 3 months → Assess for low vision assistive products.
<b>Left eye: Top line</b>	<b>Result</b>	<b>Left eye: Bottom line</b>	
Matches <b>2 or more</b> letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Yes</b> → Continue to bottom line <b>No</b> → Record and refer	Matches <b>3 or more</b> letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Not able to complete distance vision test <input type="checkbox"/>			
			Refer to eye health professional

**Carry out simple near vision test (40 years and older)**Correctly indicates the direction of **3 or more** E's on the Near E-chart:Yes ☐ No ☐☐ **Yes** → Near vision spectacles are not required.☐ **No** → Assess for near vision spectacles. **If not available**  Refer to eye health professional.**4. Plan****Refer**Health professional ☐ Eye health professional ☐Other: **Assess**Near vision spectacles ☐ Power provided: Low vision assistive products (after eye health professional assessment) ☐ → Continue to Magnifiers and telescopes assessmentNo action ☐