Instructions on Completing the VIP Phase II Screening Forms (Lay Screeners)
01/15/04

Instructions Common to All Screening Tests on the Form

☞ <u>Unable Option</u>

For each screening test, screeners are asked to indicate whether or not they are able to perform the screening on the child. Check "Unable" if the child is incapable of understanding or performing the task (such as during pre-testing) or if the child does not allow you to perform the test. Do NOT mark "Unable" if you are unable to perform the test due to equipment malfunction or the child departs the screening session before his/her ability can be assessed.

☞ <u>Marking Responses</u>

Be sure to mark the responses neatly in the spaces provided. The response option chosen must be clear.

☞ <u>Pre-Printed Labels</u>

The Coordinating Center will send to the VIP clinical centers labels pre-printed with the child's ID and other VIP identifiers. The PCs should place these labels in the appropriate screening stations as part of screening set-up. Screeners should locate the label for the child and apply it in the identification box at the top of each page of the data collection form prior to beginning the screening test. If there is no preprinted label for the child, hand write the information on the form in the identification box. Obtain the information from the child's nametag.

☞ <u>Correcting Errors on Forms</u>

1. Cross out the incorrect response with a single line. Do NOT obliterate the original response.
2. Initial and date all corrections.
3. Mark the appropriate response.

NOTE: Always check the age of the child printed on the label against the screening form.

Form-Specific Instructions

NOTE: The order of performing the first two tests (Lea Visual Acuity and Stereo Smile Test) and the last two tests (Retinomax Autorefraction and Sure Sights Autorefraction) is randomly assigned. The PC will place a stack of data collection forms in the station. **Screeners should select the *top* form from the stack. Do not deviate from the order!!**.

Always affix the pre-printed labels with the child's ID and name in the Identification Box at the top of all pages (irrespective of the order of the tests you perform).

Always check the age of the child against the form. There are separate forms for 3 years old children and for 4-years old children.

ᘒ **Stereo Smile Test**

Item #S1: Stamp the Start Time in the box provided. Line up the bottom of the stamper with the lower line of the box. Press the stamper firmly to the form until it stops by itself.

Item #S2: Indicate the last card the child successfully completed. If the child was unable to do Card A, indicate this.

Incomplete Procedure
If the test is incomplete, check the box. A test is "incomplete" when it must be stopped (due to a behavioral problem or lack of time) after the child has demonstrated that he/she is able to perform the task. Indicate the last card the child successfully completed up to the point at which the test was stopped.

ᘒ **LEA Screening Visual Acuity Test**

Item #L1: Stamp the Start Time in the box provided. Line up the bottom of the stamper with the lower line of the box. Press the stamper firmly to the form until it stops by itself.

Item #L2: Select the appropriate cards and disks for the child's age and perform the Lea Visual Acuity pre-test. If the child was unable to complete the pre-test, check the "Unable" box and stop the Lea Visual Acuity test.

Item #L3: If the child was able to complete the pre-test, start testing the right eye with the right eye disk. Place an "X" over each symbol the child does NOT correctly identify. Stop testing the eye if the child misses two symbols on one line. If test is incomplete, write "I" on the first symbol not shown to the child.

Check the box, if the child was able to identify correctly ALL symbols presented with the right eye.

Item #L4:   Start testing the left eye. Place an "X" over each symbol the child does NOT correctly identify.   Stop testing the eye if the child misses two symbols on one line.   If test is incomplete, write "I" on the first symbol not shown to the child.

Check the box, if the child was able to identify correctly ALL symbols presented with the left eye.

Incomplete Procedure: If the test is incomplete for an eye, write an "I" on the first symbol not shown to the child.   A test is "Incomplete" when it must be stopped (e.g., due to a behavioral problem or lack of time) after the child has demonstrated that he/she is able to perform the task.

❧ **Retinomax Autorefractor**

Item #R1:   Stamp the Start Time in the box provided. Line up the bottom of the stamper with the lower line of the box. Press the stamper firmly to the form until it stops by itself.

Item #R2:   Indicate the number of readings taken for **each eye**. Please be sure to supply this information for both the right and left eyes. If unable to perform a reading for either eye mark "None" (unable). A maximum of three readings per eye is allowed.

Tape   Tape the Retinomax printout reading in the space provided on the right side of the page. Apply tape on the top edge only. If the printout is longer than the page, fold it without tearing off or taping at the bottom. **Do not place tape on top of the printed readings.**

NOTE: If only one reading was required to get a valid confidence value, circle that line **(for a valid reading the confidence value can be 8, 9 or 10)**. If more than one reading was required for either eye, **circle the line with the first reading with at least "8" confidence value for the eye.**   Do NOT cross out the readings that were taken correctly but did not meet the confidence value. Cross out readings printed incorrectly (i.e. accidental reprinting, instrument malfunctions.) Attach the entire printout to the form so that **all** readings are visible.

✎ **SureSight Autorefractor:**

Item #A1:   Stamp the Start Time in the box provided. Line up the bottom of the stamper with the lower line of the box. Press the stamper firmly to the form until it stops by itself.

Item #A1:   Mark the number of readings taken **for each eye**. Please be sure to supply this information for both the right and left eyes. If unable to perform a reading for either eye mark "None" (unable). A maximum of three readings per eye is allowed.

Tape   Place the SureSight reading(s) printout in the space provided on the right side of the page. Apply tape on the top edge only. If the printout is longer than the page, fold it without tearing off or taping at the bottom. **Do not place tape on top of the printed readings.**

NOTE: If only one reading was required to get a valid confidence value, circle that line **(for a valid reading the confidence value can be 6, 7, 8, or 9)**. If more than one reading was required for either eye, **circle the first reading for the eye with confidence value of 6 or greater**. Do NOT cross out the readings that were taken correctly but did not meet the confidence value. Cross out readings taken incorrectly (i.e. accidental reprinting, instrument malfunctions). Attach the entire printout to the form so that **all** readings are visible.

Final Screening Procedures:

1. After **ALL** testing is completed, stamp the End Time in the box provided. Line up the bottom of the stamper with the lower line of the box. Press the stamper firmly to the form until it stops by itself.

2. Write in Screener's first initial and last initial.

3. Stamp (or write in) Screener's certification number.