

## EUGOGO follow-up assessment proforma

Please complete **non-italicised boxes** except where indicated, plus relevant ***italicised*** ones. For queries on entering dates [click here](#). For hard copies, ensure header complete for each page

**Date of follow up**   (dd mm yyyy)

Year of birth  ( yyyy) **Body Weight**

### F2. Recent thyroid status

**2.0 Dysthyroidism since last data sent** None   
 Hypothyroidism   
 Hyperthyroidism

#### 2.2 Thyroid treatment since data last sent

a) Anti-thyroid drugs Yes   
 No

b) Radio-iodine Yes  Total dose given (MBq)   
 No  [for conversion table click here](#)

Date of treatment  (dd mm yyyy)

c) Thyroidectomy Yes  Date of operation  (dd mm yyyy)  
 No

### F3. Current thyroid status

#### 3.3 Current thyroid medication

Time since starting (months)

carbimazole  mg/day   
 methimazole  mg/day   
 PTU  mg/day   
 T4  •g/day   
 T3  •g/day   
 No medication

#### 3.4 Thyroid Tests

ft4 ,  pmol/L / ,  ng/dl

ft3 ,  pmol/L / ,  ng/dl / **OR T3** ,  nmol/L

TSH ,  mU/L

TSH RAb ,  specify units  and assay

TPO Ab  kU/L specify upper limit of normal

### F4. Patient co-morbidity

Any significant change  No / Yes specify

## F5. Smoking

Never smoked  *if you have ticked this box go straight to section F9*

Ex-smoker  when stopped   (dd mm yyyy)

Current smoker  current daily intake

Passive smoker

## F9. Graves orbitopathy: current status

### SYMPTOMS - during last four weeks

9.1. Painful oppressive feeling in or behind globe No   
Yes

9.2. Gaze evoked pain No   
Yes

9.3. Excessive watering No   
Yes

9.4. Photophobia No   
Yes

9.5. Grittiness No   
Yes

9.6. Double vision No   
Yes

9.7. Gorman score (NB: if wearing prism daily then score as "constant"):

no diplopia  intermittent  inconstant (gaze evoked)  constant in 1° or reading

9.8. Blurred vision No   
Yes

## F10. Examination of eyes

	Right / OD	Left / OS
Best visual acuity (decimalised)	<input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/>
RAPD	<input type="text"/> No / Yes	<input type="text"/> No / Yes
Colour vision	<input type="text"/> Normal / Abnormal / not tested	<input type="text"/> Normal / Abnormal / not tested

### SOFT TISSUE SIGNS *(click on feature for more details)*

<a href="#">Eyelid swelling</a>	<input type="text"/> No / Mild / Moderate / Severe	<input type="text"/> No / Mild / Moderate / Severe
<a href="#">Eyelid erythema</a>	<input type="text"/> No / Yes	<input type="text"/> No / Yes
<a href="#">Conjunctival redness</a>	<input type="text"/> No / Mild / Yes	<input type="text"/> No / Mild / Yes
<a href="#">Chemosis</a>	<input type="text"/> No / Yes	<input type="text"/> No / Yes
<a href="#">Caruncle OR plical swelling</a>	<input type="text"/> No / Yes	<input type="text"/> No / Yes

### EYELID POSITIONS *(examine with distance fixation)*

<a href="#">Palpebral aperture*</a>	<input type="text"/> <input type="text"/> mm	<input type="text"/> <input type="text"/> mm
<i>(*insert asterisk after measurement if it is not possible to measure PA in primary fixation)</i>		
	(+ / -)	(+ / -)
Upper lid retraction	<input type="text"/> <input type="text"/> <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> mm (relative to limbus)
Lower lid retraction	<input type="text"/> <input type="text"/> <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> mm (relative to limbus)
<a href="#">Click here</a> for explanation of (+ / -)		
Lagophthalmos	<input type="text"/> No / Yes	<input type="text"/> No / Yes

### PROPTOSIS (mm)

Intercanthal distance   
 Exophthalmometer

### MOTILITY

- a) Abnormal head posture present  No / Yes  
 b) Orthotropic  No / Yes

*If "no", what is manifest deviation with preferred distance fixation and without head posture*

esotropia  none / right / left  
 hypotropia  none / right / left

- c) Binocular single vision possible *without prism*  No / Yes

	Right / OD	Left / OS
d) Monocular ductions		
<i>adduction</i>	<input type="text"/> <input type="text"/> °	<input type="text"/> <input type="text"/> °
<i>abduction</i>	<input type="text"/> <input type="text"/> °	<input type="text"/> <input type="text"/> °
<i>90° elevation</i>	<input type="text"/> <input type="text"/> °	<input type="text"/> <input type="text"/> °
<i>270° depression</i>	<input type="text"/> <input type="text"/> °	<input type="text"/> <input type="text"/> °

EUGOGO CENTRE CODE  Study CODE (letter)  EUGOGO patient number

CORNEA

no / keratopathy / ulcer

no / keratopathy / ulcer

INTRAOCULAR PRESSURE (1° position)

## OPTIC NEUROPATHY ASSESSMENT

(in addition to VA, colour + pupil assessments)

Disc

no GO • / atrophic / swollen

no GO • / atrophic / swollen

Choroidal folds

No / Yes

No / Yes

Is there evidence of optic neuropathy?

No / Yes / Equivocal

No / Yes / Equivocal

*please specify any addition evidence for this e.g. visual fields, VEP, contrast sensitivity*

## F11. Ocular co-morbidity with influence on GO assessment

glaucoma

No / Yes

cataract

No / Yes

other

No / Yes

*if yes, please specify what effect on GO signs*

## F12. Summary of GO

12.1 Evidence of orbitopathy

No

Yes

12.2 Clinically active GO

No

Unilateral

Bilateral

## F13. CAS score

sum of symptoms 9. 1, 9.2 plus all 5 soft tissue signs if they score in either eye

2mm proptosis increase;  $\geq 8^\circ$  ocular excursion decrease; acuity loss of 1 Snellen line

Total CAS  / 10

## F14. NOSPECS

N	O	2		3		4		5		6	
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*(please encircle "N" or "O", or otherwise complete all numbered boxes with O,a,b or c)  
for reminder of NOSPECS [click here](#)*

## F16. Changes in orbitopathy since last data sent

16.1 subjective symptoms: Overall trend

### 16.2 GO treatment since last data

#### 16.2.1 Topical lubricants

Yes

No

#### 16.2.2 Immunosuppression

Yes  If yes, agent used?

initial dose

duration (weeks)  OR current

No

#### 16.2.3 Orbital irradiation

Yes  ended  (dd mm yyyy)

total Gy  fractions  duration  (wks)

No

#### 16.2.4 Surgery for GO

No

Yes

#### a) DECOMPRESSION

No

Yes

if yes, what?

which side?

**Approach Right**

(please encircle more than one option if necessary)

**Approach Left**

#### Removal of bony walls

#### Right / OD

#### Left / OS

inferior

medial

lateral

superior

posterior

#### Removal of fat

**b) OTHER ORBITAL SURGERY** No

Yes  specify

**c) STRABISMUS SURGERY** No

Yes

If yes, which muscles and what? **Right / OD**

**Left / OS**

<b>rectus medialis</b>	Nil / recession / resection / other	Nil / recession / resection / other
<b>rectus lateralis</b>	Nil / recession / resection / other	Nil / recession / resection / other
<b>rectus superior</b>	Nil / recession / resection / other	Nil / recession / resection / other
<b>rectus inferior</b>	Nil / recession / resection / other	Nil / recession / resection / other
<b>superior oblique</b>	Nil / recession / resection / other	Nil / recession / resection / other
<b>inferior oblique</b>	Nil / recession / resection / other	Nil / recession / resection / other

**d) EYELID SURGERY** No

Yes

If yes, which lid and what?

**Right / OD**

**Left / OS**

<b>eyelid lengthening</b>	upper / lower / both / neither	upper / lower / both / neither
<b>skin removal</b>	upper / lower / both / neither	upper / lower / both / neither
<b>fat removal</b>	upper / lower / both / neither	upper / lower / both / neither
<b>other</b>	upper / lower / both / neither	upper / lower / both / neither
<b>tarsorrhaphy</b>	No / Yes	No / Yes

### F17. Further management plans now

- a) Immunosuppression  No / Yes
- b) Irradiation  No / Yes
- c) Surgery  No / Yes specify
- d) Other  No / Yes specify
- e) Discharge  No / Yes

a) If immunosuppression is planned:

**Steroids**

No / Yes

If yes

IM Pred / Oral pred / IV pulsed Methyl P. / IV pulsed Methyl P. + Oral Pred

**Other immunosuppression (specify)**

d) If other treatment for GO planned:

**Antioxidants**

No / Yes

specify

**Topical lubricants**

No / Yes

**Diuretics**

No / Yes

**Other (please specify)**

**End of proforma follow up assessment: any other remarks**