EUGOGO CENTRE CODE ☐☐ Study CODE (letter) ☐ EUGOGO patient number ☐☐☐☐

EUGOGO initial 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*

1. Date of inclusion ☐☐ ☐☐ ☐☐☐☐

dd *mm* *yyyy*

Year of birth ☐☐☐☐ yyyy **Height (m)** ☐,☐☐

Sex male ☐ female ☐ **Body Weight (kg)** ☐☐☐,☐

Race Caucasian ☐ Black ☐ Asian ☐ Other (specify) ……

2. Thyroid history

☐ Graves' hyperthyroidism
☐ Primary hypothyroidism
☐ Hashitoxicosis
☐ No thyroid disease (Ophthalmic Graves'): ***if you have ticked this box go straight to section 3***

Onset of thyroid symptoms ☐☐ ☐☐ ☐☐☐☐ (*dd mm (or season) /yyyy)*

Time since diagnosis ☐☐☐,☐ *(months)*

Has your patient relapsed after treatment?

No ☐
Yes ☐ After a course of anti-thyroid drugs
☐ After radioiodine
☐ After partial thyroidectomy

2.1 Previous thyroid treatments

a) Anti-thyroid drugs Yes ☐ *Number of courses* ☐
No ☐

b) Radio-iodine Yes ☐ *Total dose given (MBq)* ☐☐☐☐
for conversion table click here
No ☐
Date of last treatment ☐☐ ☐☐ ☐☐☐☐ *(dd mm yyyy)*

c) Thyroidectomy Yes ☐ *Operation date* ☐☐ ☐☐ ☐☐☐☐ *(dd mm yyyy)*
No ☐

3. Current thyroid status

3.1 Visible goitre

Yes ☐
No ☐

3.2 Thyroid dermopathy

Yes ☐
No ☐

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 *Please send all reference ranges to co-ordinator prior to each study*

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* ☐

4. Patient co-morbidity (non-ocular)

Diabetes
- Type 1 ☐
- Type 2 ☐
- No ☐

Other autoimmune diseases
- Yes ☐
- No ☐

5. Smoking history

Never smoked ☐ ***if you have ticked this box go straight to section 6***

Ex-smoker ☐ *total consumption packyears (years x packs per day)*

If ex-smoker, when stopped ☐☐ ☐☐ ☐☐☐☐ *(dd mm yyyy)*

Current smoker ☐ *total consumption packyears (years x packs per day)*

current daily intake ☐☐

Passive smoker ☐

6. Family history

FH autoimmune thyroid disease
- Yes ☐
- No ☐

7. GO history

7.1 Date of eye symptom onset ☐☐ ☐☐ ☐☐ ☐☐ *(dd mm yyyy)*

7.2 Previous and current treatments

7.2.1 Topical lubricants

Yes ☐

No ☐

7.2.2 Systemic steroids

Never ☐

Currently on steroids ☐

Previous steroid treatment ☐ Time since most recent course (months) ☐☐☐

7.2.3 Orbital irradiation

Yes ☐ *ended* ☐☐ ☐☐ ☐☐ ☐☐ *(dd mm yyyy)*

No ☐

7.2.4 Surgery for GO

No

Yes ☐

If surgery for GO

Orbital decompression Yes ☐ *date* ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

date ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

No ☐

Eye muscle surgery Yes ☐ *date* ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

date ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

No ☐

Eyelid surgery Yes ☐ *date* ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

date ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

No ☐

Other Yes ☐ *date* ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

No ☐

7.2.5 Other previous or current treatment for GO

Yes ☐ *date* ☐☐ ☐☐ ☐☐ ☐☐ *specify* ☐

Is this treatment continuing? Yes ☐

No ☐

No ☐

8. Current medications *(please list all medications)*

Drug	Dose	Times per day
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....
4.....	.....	.....
5.....	.....	.....
6.....	.....	.....
7.....	.....	.....
8.....	.....	.....
9.....	.....	.....
10.....	.....	.....

9. 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 1º or reading* ☐

9.8. Blurred vision — No ☐ Yes ☐

10. Examination of eyes

	Right / OD	Left / OS
Best visual acuity (decimalised)	,	,
RAPD	No / Yes	No / Yes
Colour vision	Normal / Abnormal / not tested	Normal / Abnormal / not tested

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

Eyelid swelling	No / Mild / Moderate / Severe	No / Mild / Moderate / Severe
Eyelid erythema	No / Yes	No / Yes
Conjunctival redness	No / Mild / Yes	No / Mild / Yes
Chemosis	No / Yes	No / Yes
Caruncle OR plical swelling	No / Yes	No / Yes

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

Palpebral aperture*		mm		mm	
*(*insert asterisk after measurement if it is not possible to measure PA in primary fixation)*					
	(+ / -)		**(+ / -)**		
Upper lid retraction		mm		mm	(relative to limbus)
Lower lid retraction		mm		mm	(relative to limbus)

Click here for explanation of **(+ / -)**

Lagophthalmos	No / Yes	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

d) Monocular ductions	**Right / OD**	**Left / OS**
adduction	o	o
abduction	o	o
90º elevation	o	o
270º depression	o	o

EUGOGO CENTRE CODE ☐ Study CODE (letter) ☐ EUGOGO patient number ☐☐☐☐

CORNEA no / keratopathy / ulcer | no / keratopathy / ulcer

INTRAOCULAR PRESSURE (1º 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

11. 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

12. Summary of GO

12.1 Evidence of orbitopathy
- No ☐
- Yes ☐

12.2 Clinically active GO
- No ☐
- Unilateral ☐
- Bilateral ☐

13. CAS score

sum of symptoms 9.1, 9.2 plus all 5 soft tissue signs if score in either eye ☐

2mm proptosis increase; ≥8º ocular excursion decrease; acuity loss of 1 Snellen line ☐

Total CAS ☐ / ☐ *(insert possible total in second box)*

14. NOSPECS

N | O | **2** ☐ | **3** ☐ | **4** ☐ | **5** ☐ | **6** ☐

(please encircle "N" or "O", or otherwise complete all numbered boxes with O,a,b or c)

for reminder of NOSPECS click here

15. Initial management plan

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 immunosupression (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 for initial assessment: any other remarks