HEALTHCARE PERFORMANCE MEASUREMENT & REPORTING SYSTEM
DATA ABSTRACTION FORM

A. PATIENT DETAILS & DEMOGRAPHICS

1. Date of notification: dd/mm/yyyy
2. Name of reporting doctor/surgeon: 
3. Site / centre name: 

B. MEDICAL HISTORY & CO-MORBID

1. Prior cataract surgery
   - Yes
   - No (default)
2. Medication history
   - Steroid
   - Non
3. Systemic co-morbidity
   - None
   - Diabetes
4. Prior surgery
   - None (default)
   - Lasik / PKR
   - Other surgery related to eye

C. PRE-OPS ASSESSMENTS

1. Date of latest pre-op assessment (comprehensive)
2. Eye
   - Right
   - Left
3. IOL power (D)
4. Target Ref (D)
5. Formular Used
   - None
   - Diabetic
6. Functional or medical indication(s)
   - None
   - Others, specify ____________ (Intraocular lens power calculation)

D. CATARACT SURGERY

1. Date of surgery:
2. Surgeon’s name:
3. Type of cataract surgery
   - Intracapsular Cataract Extraction (ICCE)
   - Extracapsular Cataract Extraction (ECCE)
4. Incision site:
   - Temporal
   - Superior
   - Others
5. Phacoemulsification material
   - Acrylic
   - Silicone
6. Type of anesthesia
   - General
   - Local
7. Viscoelastic
   - Viscoat
   - Healon GV
8. Intracocular lens (IOL)
   - Posterior chamber IOL
   - Anterior chamber IOL

Ocular co-morbidity (Codelist)

- 01 Acute and Subacute Iridocyclitis
- 02 Amaurosis
- 03 Band Keratopathy
- 04 Band keratopathy, posterior polar
- 05 Band keratopathy, anterior polar
- 06 Chronic Iritis
- 07 Corneal Abnormalities
- 08 Corneal Dystrophies
- 09 Corneal Dystrophies and Disorders of Cornea
- 10 Corneal Pigmentation
- 11 Corneal Pigmentation: Posterior Polypoidal
- 12 Corneal Pigmentation: Polypoidal
- 13 Corneal Pigmentation: Other
- 14 Corneal Ulcer/Inflammation
- 15 Corneal Ulcer/Inflammation: Posterior Polypoidal
- 16 Degenerative Disorders of Globe
- 17 Degenerative Disorders of Globe: Posterior Polypoidal
- 18 Degenerative Disorders of Globe: Posterior Polypoidal
- 19 Degenerative Disorders of Globe: Posterior Polypoidal
- 20 Degenerative Disorders of Globe: Posterior Polypoidal
- 21 Degenerative Disorders of Globe: Posterior Polypoidal
- 22 Degenerative Disorders of Globe: Posterior Polypoidal
- 23 Degenerative Disorders of Globe: Posterior Polypoidal
- 24 Degenerative Disorders of Globe: Posterior Polypoidal

Type of intraocular lens implant (Codelist)

- 01 Acrylic
- 02 Silicone
- 03 Foldable Hydrophilic
- 04 Foldable Hydroscopic
- 05 Foldable Hydrophilic
- 06 Foldable Hydroscopic
- 07 Foldable Hydrophilic
- 08 Foldable Hydroscopic

Indication for Surgery (Codelist)

- 01 Acute and Subacute Iridocyclitis
- 02 Amaurosis
- 03 Band Keratopathy
- 04 Band keratopathy, posterior polar
- 05 Band keratopathy, anterior polar
- 06 Chronic Iritis
- 07 Corneal Abnormalities
- 08 Corneal Dystrophies
- 09 Corneal Dystrophies and Disorders of Cornea
- 10 Corneal Pigmentation
- 11 Corneal Pigmentation: Posterior Polypoidal
- 12 Corneal Pigmentation: Polypoidal
- 13 Corneal Pigmentation: Other
- 14 Corneal Ulcer/Inflammation
- 15 Corneal Ulcer/Inflammation: Posterior Polypoidal
- 16 Degenerative Disorders of Globe
- 17 Degenerative Disorders of Globe: Posterior Polypoidal
- 18 Degenerative Disorders of Globe: Posterior Polypoidal
- 19 Degenerative Disorders of Globe: Posterior Polypoidal
- 20 Degenerative Disorders of Globe: Posterior Polypoidal
- 21 Degenerative Disorders of Globe: Posterior Polypoidal
- 22 Degenerative Disorders of Globe: Posterior Polypoidal
- 23 Degenerative Disorders of Globe: Posterior Polypoidal

Version 1.24 last updated on 11/10/2016
# HEALTHCARE PERFORMANCE MEASUREMENT & REPORTING SYSTEM
## DATA ABSTRACTION FORM

### A: PATIENT DETAILS & DEMOGRAPHICS

1. File number/MRN
2. Patient’s name
3a. Identification number (MyKad)
3b. Other ID No

### E: POST-OPERATIVE ASSESSMENT

<table>
<thead>
<tr>
<th>Variable</th>
<th>DAY 1</th>
<th>Week 1</th>
<th>Month 1</th>
<th>Month 3</th>
<th>Month 6</th>
<th>Month 12</th>
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<tbody>
<tr>
<td>1. Date of assessment</td>
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<tr>
<td>2. UCVA - Distance</td>
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<td>3. VA low vision</td>
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<td>4. SPH (D)</td>
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<td>5. CYL (D) x Axis</td>
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<td>6. MRSE</td>
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<td>7. BCVA - Distance</td>
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<td>8. BCVA - Near</td>
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<td>9. Intra-ocular pressure (mmHg)</td>
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<td>10. Complications (especially any major complications - e.g. retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment or wound dehiscence)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>11. Surgical procedure performed following cataract surgery for major complications (defaulted as Not Done)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>12. CATQUEST-9SF &amp; Language completed</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>13. Improvement Scale (Physician assessment) (defaulted as Not Done)</td>
<td>Very much improved</td>
<td>Very much improved</td>
<td>Very much improved</td>
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<td>14. If Results are NOT AVAILABLE, Reason (defaulted as Not applicable (NA) if Assessment was performed)</td>
<td>Not applicable</td>
<td>Unknown</td>
<td>Completed 6 mths FU</td>
<td>Completed 6 mths FU</td>
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<td>15. Status (auto)</td>
<td>Open</td>
<td>Close</td>
<td>Date:</td>
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<td>16. Discharge from Center</td>
<td>Yes</td>
<td>Date:</td>
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</table>

### A. Name of data abstractor: [Name]

**B. Date data abstraction:** [Date]

**For office use only:** Month/year: [Month]/[Year] Status: [Evidence evaluated] Data entry completed: [Completed] Others: [Details]

**Comments or Reason:** [BCVA 20/40 or better NOT Achieved (applicable)]

**Language (for the questionnaires):** 1: English 2: Malay 3: Chinese 4: Indonesian

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