NEURO-OPHTHALMOLOGICAL ANALYTIC-ANAMNESTIC PROTOCOL (AAP)™

Carlo Aleci MD, Ph.D

Date………..

NAME  ..................       SEX ...       AGE.........

ID        ...........

FAMILY MEDICAL HISTORY

1 –Are there relatives who suffer from one or more of the following ophthalmological diseases?

   N  □
   Y  □ parents/ siblings

   2r  glaucoma
   2r  retinal diseases
   2g  strabismus
   2r  optic neuropathies

   □ relatives

   1r  glaucoma
   1r  retinal diseases
   1g  strabismus
   1r  optic neuropathies

2- Are there parents or siblings who wear glasses for far distance?

   N  □
   1r  Y
GENERAL MEDICAL HISTORY

3-Are you born full term?

Y □

2r/2g N

4-Are you born by natural childbirth?

Y □

2r/2g N

5-Do you suffer from diabetes?

N □

2r/2g Y

6-Are you taking systemic drugs (medicinal products)?

N □

Y

3r antiepileptic drugs
2r corticosteroids
1r/1g insulin/oral hypoglicaemic agents
3r chemioterapic agents
1r/1g hormonal therapies
1r/1g antihypertensive agents

7-Are you suffering from sinusitis?

N □

Y □

8-Do you suffer from vertigo or dizziness?

N □

3g Y □
9- Do you have dental malocclusion?

   N □
   1g Y □

10- Do you suffer from orthopaedic problems?

   N □
   Y
   1g   neck problems
       1g   shoulder(s) problems
       1g   back problems
       1g   leg(s) problems

11- Have you undergone in the past neuropsychiatric examinations?

   N □
   1r/1g Y □

12- Have you undergone in the past neurological examinations?

   N □
   1r/1g Y □
REMOTE SPECIALISTIC MEDICAL HISTORY

13 - Have you suffered from relevant ocular pathologies?

N □
Y □ 3r  glaucoma
3r  cataract
3r  retinal diseases
3g  strabismus
3r  amblyopia
3r  nystagmus

14- Have you undergone ocular surgical treatment(s)?

N □
Y □ 3r  for glaucoma
3r  for cataract
3r  for retinal diseases
3g  for strabismus
3r  for nystagmus

15- Have you undergone anti-amblyopic treatment(s)?

N □
Y □ 3g  for strabismus
3r  for anisometropia\(^1\)
without strabismus
3r/3g  for anisometropia and strabismus

16- Have you undergone orthoptic exercises?

N □
3g  Y

\(^1\) If the “lazy” eye shows a far higher refractive defect (especially hypermetropia or astigmatism) compared to the other.
RECENT SPECIALISTIC MEDICAL HISTORY

17- Do you actually suffer from ophthalmological diseases?

N □
Y 3r glaucoma
    3r cataract
    3r retinal diseases
    3g strabismus
    3r optic neuropathies
    3g nystagmus

18-Are you exposed to chronic therapies with eye drops?

N □
Y 2r antiglaucomatous drugs

□ antihistamines
□ artificial tears
□ FANS
1r antibiotics
1r corticosteroids (cyclic treatments)

19-When did you have your last ophthalmological/orthoptic examination?

□ less than 6 months ago
□ more than 6 months ago and less than 1 year ago
□ more than 1 year ago

20-Do you wear glasses for distance or distance+near vision?

N □
Y 3r for miopia
    2r/2g for hypermetropia
    3r/1g for prevalent astigmatism
21- With or without glasses do you feel you have a satisfying sight?

  Y □
  3r N
  2r Not Always

22-Do you notice transitory visual blurring sometimes?

  N □
  Y

  2r in any period of the day
  2r mainly in the evening
  3r/3g when reading or exposure to monitors

23-Do you suffer from headache?

  N □
  Y

  □ frontal □ in any period of the day
  □ mainly in the morning
  3g mainly in the evening

  □ migraine-like
  □ without visual aura
  1r with visual aura

24-Do you often notice red and/or burning eyes?

  N □
  Y

  □ in any period of the day
  □ mainly in the morning
  3g mainly in the evening
  3g when or after reading or exposure to monitors
25- do you happen to have double vision?

N □
Y

5g in any period of the day
1g sometimes
3g mainly in the evening
3g when or after reading or exposure to monitors

26- Do you happen to notice to keep your head tilted?

N □
1r/2g Y

27- When reading do you ever mix up syllables or letters?

N □
3r Y

-do you ever sense as if letters move or jump?

N □
3r Y
DATA ELABORATION

VISUOSENSORY DOMAIN (VSD) (r) .................
VISUOMOTOR DOMAIN (VMD) (v) ......................