**APPENDIX 1**

**BIODATA**

HOSPITAL NUMBER…………………………………………………………………………………………

AGE (AS AT LAST BIRTHDAY) …………………………………………………………………………….

SEX…………………………………………………………………………………………………………………

OCCUPATION……………………………………………………………………………………………………

ADDRESS …………………………………………………………………………………………………………

PHONE NUMBER……………………………………………………………………………………………..

PRESENT OCULAR DIAGNOSIS …………………………………………………………………………

FAMILY HISTORY OF GLAUCOMA (YES/NO)………………………………………………………..

PRESENT SYSTEMIC CO – MORBIDITY (IF ANY)……………………………………………………

LAST MENSTRUAL PERIOD (PRE-MENOPAUSALFEMALE SUBJECTS)…………………..

PRESENT MEDICATION(S) (IF ANY) …………………………………………………………………………

LAST EYE DROP USED AND TIME (IF ANY)…………………………………………………………….