Patient report Fill in the white fields only	Baseline/ IVI no. 1	IVI no. 2	IVI no. 3	IVI no. 4	IVI no. 5	IVI no. 6	IVI no. 7	IVI no. 8
Date of injection, DD.MM.YY								
Does the patient come alone or with a companion? 0 = alone, 1 = with a companion								
Has the patient seen his general practitioner since the last IVI? Mark no. of visits.								
Has the patient seen his ophthalmologist since the last IVI? Mark no. of visits.								
Patient is living: 1 = in his own home 2 = with relatives 3 = in a nursing home 4 = in a municipal shelter 5 = other								
Is the patient receiving any nursing home care from the municipality? Note no. of hours per week (rounded up to the nearest hour).								
Is the patient receiving any home services from the municipality? Note no. of hours per week (rounded up to the nearest hour)								

What is the patients source of subsistence? **1 = Retirement pension** **2 = Gainful employment** **3 = Employment scheme** **4 = Unemployed** **5 = Permanent disability benefit** **6 = Other**								

Last IVI in study