## Annexure II

### QUESTIONNAIRE

DEPARTMENT OF HUMAN GENETICS

GURU NANAK DEV UNIVERSITY, AMRITSAR-143005

RETINITIS PIGMENTOSA

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Case No.</th>
<th>Date</th>
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1. Name of Proband
2. Sex
3. Date of birth & age
4. Religion/Caste
5. Education & Profession
6. Father’s name
7. Education & profession of father
8. Education & profession of mother
9. Permanent address
10. Address for correspondence
11. Referred by
12. Clinical diagnosis
13. Age of onset
14. Symptoms
   a) Night vision
   b) Day vision
   c) Peripheral vision

15. Deterioration

16. Any associated anomaly
   (cataract/polydactyly/deafness)

17. Other family members affected

18. Other disorder in the family

19. Marriage of parents (C/NC)

20. Exposure of mother to
    X-rays/chemicals/drugs

21. Pedigree

22. ERG findings

23. Fundoscopic findings

24. Blood collected

25. Any other information

Signature