

Cohort, Exam 3**Retinal Examination Form: FORM CODE=REX VERSION=A**

Instructions: This form should be completed on paper during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

<i>ID</i>		<i>Aric Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12847	Present	Text suppressed

<i>REXA1</i>		<i>When was the last time you saw a doctor, optometrist, or eye specialist concerning your vision? Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5033	A	Less than 1 year
3021	B	At least 1 year but less than 2 years
2250	C	At least 2 years but less than 3 years
2093	D	3-10 years
268	E	Greater than 10 years
169	F	Never
13		Missing

<i>REXA2A</i>		<i>Has a doctor ever told you that you had sugar diabetes? Q2a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1255	Y	Yes
11578	N	No [skip to Q3a]
14		Missing

<i>REXA2B</i>		<i>Has a doctor ever told you that you have eye problems as a result of diabetes? Q2b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
217	Y	Yes
1034	N	No [skip to Q3a]
11	U	Unknown [skip to Q3a]
11585		Missing

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<i>REXA2C</i>		<i>Which eye or eyes were affected? Q2c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
25	R	Right
24	L	Left
153	B	Both
15	U	Unknown
12630		Missing

<i>REXA2D</i>		<i>Have you ever had laser treatments on your eyes for diabetes? Q2d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
84	Y	Yes
130	N	No [<i>skip to Q3a</i>]
3	U	Unknown [<i>skip to Q3a</i>]
12630		Missing

<i>REXA2E</i>		<i>On which eye or eyes? Q2e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	R	Right
12	L	Left
58	B	Both
1	U	Unknown
12763		Missing

<i>REXA3A</i>		<i>Has a doctor ever told you that you have eye problems as a result of glaucoma, or increased pressure inside one or both of your eyes? Q3a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
568	Y	Yes
12249	N	No [<i>skip to Q4a</i>]
24	U	Unknown [<i>skip to Q4a</i>]
6		Missing

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<i>REXA3B</i>		<i>Which eye or eyes were affected? Q3b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
72	R	Right
79	L	Left
354	B	Both
61	U	Unknown
12281		Missing

<i>REXA4A</i>		<i>Has a doctor ever told you that you have eye problems as a result of age-related macular degeneration? Q4a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
147	Y	Yes
12639	N	No [<i>skip to Q5a</i>]
55	U	Unknown [<i>skip to Q5a</i>]
6		Missing

<i>REXA4B</i>		<i>Which eye or eyes were affected? Q4b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
28	R	Right
35	L	Left
74	B	Both
10	U	Unknown
12700		Missing

<i>REXA4C</i>		<i>Have you ever had laser treatments on your eyes for macular degeneration? Q4c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	Y	Yes
122	N	No [<i>skip to Q5a</i>]
12701		Missing

<i>REXA4D</i>		<i>On which eye or eyes? Q4d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	R	Right
8	L	Left
6	B	Both
12823		Missing

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REXA5A		<i>Has a doctor ever told you that you have eye problems as a result of cataracts, or cloudiness of the lens, in one or both of your eyes? Q5a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1224	Y	Yes
11598	N	No [skip to Q6a]
19	U	Unknown [skip to Q6a]
6		Missing

REXA5B		<i>Which eye or eyes were affected? Q5b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
267	R	Right
212	L	Left
592	B	Both
152	U	Unknown
11624		Missing

REXA5C		<i>Have you ever had eye surgery because of cataracts? Q5c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
471	Y	Yes
749	N	No [skip to Q6a]
11627		Missing

REXA5D		<i>On which eye or eyes? Q5d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
157	R	Right
100	L	Left
213	B	Both
1	U	Unknown
12376		Missing

REXA6A		<i>Has a doctor ever told you that you have eye problems as a result of blockage of an artery or vein in one or both of your eyes? Q6a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
71	Y	Yes
12755	N	No [skip to Q7a]
14	U	Unknown [skip to Q7a]
7		Missing

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REXA6B		Which eye or eyes were affected? Q6b
N	Value	Description
27	R	Right
30	L	Left
13	B	Both
1	U	Unknown
12776		Missing

REXA6C		Have you ever had laser treatments on your eyes for this blockage? Q6c
N	Value	Description
15	Y	Yes
56	N	No [skip to Q7a]
12776		Missing

REXA6D		On which eye or eyes? Q6d
N	Value	Description
4	R	Right
10	L	Left
2	B	Both
12831		Missing

REXA7A		Have you ever had eye surgery for another condition? Q7a
N	Value	Description
471	Y	Yes
12364	N	No [skip to Q8a]
5	U	Unknown [skip to Q8a]
7		Missing

REXA7B		What was the condition? Q7b
N	Value	Description
471	Present	Text suppressed
12376		Missing

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<i>REXA7C</i>		<i>On which eye or eyes? Q7c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
185	R	Right
171	L	Left
89	B	Both
26	U	Unknown
12376		Missing

<i>REXA8A</i>		<i>Have you ever had laser treatments on your eyes for another condition? Q8a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
247	Y	Yes
12586	N	No [skip to Q9a]
8	U	Unknown [skip to Q9a]
6		Missing

<i>REXA8B</i>		<i>What was the condition? Q8b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
244	Present	Text suppressed
12603		Missing

<i>REXA8C</i>		<i>On which eye or eyes? Q8c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
85	R	Right
85	L	Left
68	B	Both
8	U	Unknown
12601		Missing

<i>REXA9A</i>		<i>Are you completely blind in one or both eyes? Q9a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
131	Y	Yes
12706	N	No [skip to Q10a]
3	U	Unknown [skip to Q10a]
7		Missing

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REXA9B		In which eye?	Q9b
N	Value	Description	
55	R	Right	
68	L	Left	
7	B	Both	
12717		Missing	

REXA10A		Have you ever had an eye removed?	Q10a
N	Value	Description	
30	Y	Yes	
12809	N	No	
8		Missing	

REXA10B		Which eye was removed?	Q10b
N	Value	Description	
19	R	Right	
11	L	Left	
12817		Missing	

REXA11		Type of eye selection?	Q11
N	Value	Description	
12583	A	Assigned	
243	S	Selected	
21		Missing	

REXA12		Which eye was photographed?	Q12
N	Value	Description	
6314	R	Right [skip to Q14]	
6330	L	Left [skip to Q14]	
7	B	Both [skip to Q14]	
184	N	None	
12		Missing	

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<i>REXA13</i>		<i>Reason for not photographing? Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
10	A	Equipment failure
58	B	Participant refusal
95	C	Biologically not feasible
22	D	Other
12662		Missing

<i>REXA14</i>		<i>Interviewer ID: Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12842	Present	Text suppressed
5		Missing

<i>REXA15</i>		<i>Photographer ID: Q15</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12822	Present	Text suppressed
25		Missing

<i>REXA16</i>		<i>Date Of Data Collection Q16</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12839	Range	03/16/1993 - 02/06/1996
8		Missing

<i>REXACY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12847	7	

<i>REXAFLAG</i>		<i>Indicator For Presence Of Form</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12847	1	