

ARIC

therosclerosis Risk in Communities

RETINAL EXAMINATION FORM

O.M.B. 0925-0281
exp. 09/30/98

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: B 01/30/96

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

INSTRUCTIONS:

This form should be completed on paper during the participant's visit. ID Number, Contact Year, and Name must be entered above. 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. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

RETINAL EXAMINATION FORM (REXB screen 1 of 8)

1. When was the last time you saw a doctor, optometrist, or eye specialist concerning your vision?

- Less than 1 year A
- At least 1 year but less than 2 years B
- At least 2 years but less than 3 years C
- 3-10 years D
- Greater than 10 years E
- Never F

2.a. Has a doctor ever told you that you had sugar diabetes? Yes Y

No N
Go to Item 3a, Screen 2

2.b. Has a doctor ever told you that you have eye problems as a result of diabetes? Yes Y

No N
Unknown U
Go to Item 3a, Screen 2

c. Which eye or eyes were affected? Right R
Left L
Both B
Unknown U

d. Have you ever had laser treatments on your eyes for diabetes? Yes Y

No N
Unknown U
Go to Item 3a, Screen 2

RETINAL EXAMINATION FORM (REXB screen 2 of 8)

2.e. On which eye or eyes? Right R
 Left L
 Both B
 Unknown U

3.a. 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? Yes Y

Go to Item 4a, Screen 3
 No N
 Unknown U

b. Which eye or eyes were affected? Right R
 Left L
 Both B
 Unknown U

RETINAL EXAMINATION FORM (REXB screen 3 of 8)

4.a. Has a doctor ever told you that you have eye problems as a result of age-related macular degeneration? Yes Y

Go to Item 5a, Screen 4
 No N
 Unknown U

b. Which eye or eyes were affected? Right R
 Left L
 Both B
 Unknown U

4.c. Have you ever had laser treatments on your eyes for macular degeneration? Yes Y

Go to Item 5a, Screen 4
 No N
 Unknown U

d. On which eye or eyes? Right R
 Left L
 Both B
 Unknown U

RETINAL EXAMINATION FORM (REXB screen 4 of 8)

5.a. 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? Yes Y

No N
 Unknown U
Go to Item 6a, Screen 5

b. Which eye or eyes were affected? Right R

Left L
 Both B
 Unknown U

5.c. Have you ever had eye surgery because of cataracts? Yes Y

No N
 Unknown U
Go to Item 6a, Screen 5

d. On which eye or eyes? Right R

Left L
 Both B
 Unknown U

RETINAL EXAMINATION FORM (REXB screen 5 of 8)

6.a. 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? Yes Y

No N
 Unknown U
Go to Item 7a, Screen 6

b. Which eye or eyes were affected? Right R

Left L
 Both B
 Unknown U

6.c. Have you ever had laser treatments on your eyes for this blockage? Yes Y

No N
 Unknown U
Go to Item 7a, Screen 6

d. On which eye or eyes? Right R

Left L
 Both B
 Unknown U

RETINAL EXAMINATION FORM (REXB screen 6 of 8)

7.a. Have you ever had eye surgery for another condition? Yes Y

No N
 Unknown U

Go to Item 8a.

b. What was the condition?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c. On which eye or eyes? Right R

Left L

Both B

Unknown U

8.a. Have you ever had laser treatments on your eyes for another condition? Yes Y

No N
 Unknown U

Go to Item 9a, Screen 7

b. What was the condition?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c. On which eye or eyes? Right R

Left L

Both B

Unknown U

RETINAL EXAMINATION FORM (REXB screen 7 of 8)

9.a. Are you completely blind in one or both eyes? Yes Y

No N
 Unknown U

Go to Item 10a.

b. In which eye? Right R

Left L

Both B

10.a. Have you ever had an eye removed? Yes Y

No N
 Unknown U

Go to Item 11, Screen 8

b. Which eye was removed? Right R

Left L

Both B

<p>11. Reason for not photographing:</p> <p>A. Significant features</p> <p>B. Significant features</p> <p>C. Biologically not feasible</p> <p>D. Other</p> <p>12. Interview ID: <input type="text"/></p> <p>13. Photographer ID: <input type="text"/></p> <p>14. Date of data collection: <input type="text"/></p>	<p>11. Type of eye selection:</p> <p>A. Assigned</p> <p>B. Selected</p> <p>12. Selected eye(s):</p> <hr/> <p>13. Which eye was photographed?</p> <p>A. Right</p> <p>B. Left</p> <p>C. Both</p> <p>D. None</p> <p>Go to Item 14</p>
--	--