



EYEDOC OCULAR HISTORY QUESTIONNAIRE FORM



ID NUMBER:

FORM CODE: E O H

DATE: 04/21/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. Dilation

- Have you previously had an allergy or other adverse reaction to dilating drops?
 1 Yes → **DO NOT DILATE THIS PARTICIPANT**
 0 No
 9 Don't remember
- Has a doctor previously told you that you should not have your eyes dilated?
 1 Yes → **DO NOT DILATE THIS PARTICIPANT**
 0 No
 9 Don't remember
- Has a doctor previously told you that you have narrow angles, angle closure, or angle closure glaucoma?
 1 Yes → **DO NOT DILATE THIS PARTICIPANT**
 0 No
 9 Don't remember

Instructions: Administer dilating drops IN STUDY EYE(S) now only if participant answered NO or DON'T REMEMBER to Question 1, Question 2 AND Question 3 above, and did not have an anterior depth ≤ 2.50 mm and intraocular pressure above 30 as recorded on the EVS form. Administer remaining EOH form questions and enter EVS data while waiting for full dilation (~ 20 minutes).

4. Eye selected for imaging: Both Left Right

Administer drops in both eyes

Administer drops in one eye
 If the participant's ID ends in an even number → drops in the **RIGHT** eye
 If the participant's ID ends in an odd number → drops in the **LEFT** eye

RIGHT EYE	LEFT EYE
5. Attempt to dilate: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	6. Attempt to dilate: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Time drops administered (24 hour time): _____ : _____	Time drops administered (24 hour time): _____ : _____

B. Eye Conditions, Treatments and Surgeries

7. Has a doctor ever told you that you have eye problems as a result of diabetes, also known as diabetic retinopathy?

- 1 Yes
- 0 No.....**GO TO ITEM 8**
- 9 Don't remember..... **GO TO ITEM 8**

7a. Have you ever had laser treatment or injection of medicine into the eye, also known as an intravitreal injection, because of your diabetic retinopathy?

- 1 Yes
- 0 No.....**GO TO ITEM 8**
- 9 Don't remember.....**GO TO ITEM 8**

7b. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

8. Has a doctor ever told you that you have glaucoma?

- 1 Yes
- 0 No.....**GO TO ITEM 9**
- 9 Don't remember..... **GO TO ITEM 9**

8a. Have you ever had glaucoma surgery?

- 1 Yes
- 0 No.....**GO TO ITEM 9**
- 9 Don't remember.....**GO TO ITEM 9**

8b. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

9. Has a doctor ever told you that you have age-related macular degeneration?

- 1 Yes
- 0 No.....**GO TO ITEM 10**
- 9 Don't remember..... **GO TO ITEM 10**

9a. Have you ever had laser treatment or injection of medicine into the eye, also known as an intravitreal injection, for your macular degeneration?

- 1 Yes
- 0 No.....**GO TO ITEM 10**
- 9 Don't remember.....**GO TO ITEM 10**

9b. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

10. Has a doctor ever told you that you have or had cataracts?

- 1 Yes
- 0 No.....**GO TO ITEM 11**
- 9 Don't remember..... **GO TO ITEM 11**

10a. Have you ever had eye surgery to remove cataracts?

- 1 Yes
- 0 No.....**GO TO ITEM 11**
- 9 Don't remember.....**GO TO ITEM 11**

10b. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

11. Has a doctor ever told you that you have blockage of an artery or vein, also known as retinal artery or retinal vein occlusions, in one or both of your eyes?

- 1 Yes
- 0 No.....**GO TO ITEM 12**
- 9 Don't remember..... **GO TO ITEM 12**

11a. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

11b. Have you ever had laser treatment or injection of medicine into the eye, also known as an intravitreal injection, for this blockage?

- 1 Yes
- 0 No.....**GO TO ITEM 12**
- 9 Don't remember.....**GO TO ITEM 12**

11c. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

12. Has a doctor told you that you had a retinal detachment in your eyes or any other retinal problem not mentioned above?

- 1 Yes
- 0 No.....**GO TO ITEM 13**
- 9 Don't remember..... **GO TO ITEM 13**

12a. What was/were the condition(s)?

12b. If yes, which eye(s) were affected?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

12c. Have you had retinal surgery to treat the problem?

- 1 Yes
- 0 No.....**GO TO ITEM 13**
- 9 Don't remember.....**GO TO ITEM 13**

12d. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

13. Has a doctor ever told you that you have a problem with your cornea?

- 1 Yes
- 0 No.....**GO TO ITEM 14**
- 9 Don't remember..... **GO TO ITEM 14**

13a. What was the condition?

13b. If yes, which eye(s) were affected?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

13c. Have you had a corneal transplant surgery?

- 1 Yes
- 0 No.....**GO TO ITEM 14**
- 9 Don't remember.....**GO TO ITEM 14**

13d. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

14. Did you wear glasses or contact lenses as a child (before the age of 16 years)?

- 1 Yes
- 0 No.....**GO TO ITEM 15**
- Don't remember.....**GO TO ITEM 15**

14a. Have you had refractive surgery such as LASIK or PRK so that you might not need glasses?

- 1 Yes
- 0 No
- 9 Don't remember

15. Have you had any other eye surgery or eye condition that you didn't previously mention?

- 1 Yes
- 0 No.....**GO TO ITEM 16**
- 9 Don't remember..... **GO TO ITEM 16**

15a. What was/were the eye condition(s) or what was the surgery for?

15b. If yes, which eye(s) were affected?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

16. Are you currently taking any prescription eyedrops for eye pressure, which will typically have a green, teal, orange, purple, or dark blue cap?

- 1 Yes
- 0 No **GO TO ITEM 17**
- 9 Don't remember..... **GO TO ITEM 17**

16a. If yes, on which eye(s)?

- 1 Right
- 2 Left
- 3 Both
- 9 Don't remember

17. Do you have an eye doctor?

- 1 Yes
- 0 No → **STOP, END OF FORM**
- 9 Don't remember → **STOP, END OF FORM**

17a. If yes, what is their name and address (if known, otherwise leave blank)?

Name: _____

Phone Number: _____

Address: _____

