



INSTRUCTIONS FOR THE EYEDOC OCULAR HISTORY (EOH) FORM



I. General Instructions

Some conditions that cause eye problems may influence differences seen in OCT images in nerve fiber layer thickness or retinal blood flow. Therefore, it is helpful to establish whether someone has a previous eye condition or intervention, or has a family history that might put them at risk so we can best interpret the OCT data.

II. Detailed Instructions for Each Item

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

A. Dilation

1-3. For these items, if the participant is unsure if the procedure took place then mark "Don't remember". If the participant responds in the affirmative, then mark "yes" and **DO NOT USE MYDRIATIC DROPS FOR THIS PARTICIPANT.**

If there is no "yes" answer to items 1-3 (**and the participant's anterior chamber depth is >2.50mm and IOP is <30mmHg**), tell the participant:

"I am going to put some drops in your eye(s). The first drop will numb your eye and the second drop will cause your pupil to get large so that we can take pictures inside your eye. You may feel a little burning. It will take about 20 minutes for your pupils to get large."

4. Confirm that the item is pre-populated with a selection. If not, refer to the EyeDOC scheduling report. If the participant was selected for imaging in both eyes ("Both"), then drops should be administered in both eyes. If they were not selected one eye, then only one eye (the study eye) should be given drops: if the participant's ID ends in an even number then the right eye is the study eye; if the participant's ID ends in an odd number then the left eye is the study eye. Refer to the scheduling report provided by DCC to determine if the participant was selected for imaging (and drops) in both eyes and mark this item accordingly.
5. Mark whether the right eye was given dilating drops and record the time drop were given in 24 hour time.
6. Mark whether the left eye was given dilating drops and record the time drop were given in 24 hour time.

B. Eye Conditions, Treatments and Surgeries

Now the participant will be asked a series of questions about their vision and eye treatment history. Tell the participant:

"Next I'm going to ask you some questions about your vision and vision care history. I will ask you to recall any eye or vision-related diagnoses you have received from an eye doctor and any procedures or surgeries in the past that were done to improve your vision or treat an eye condition."

7. Mark whether the participant recalls being told that they had eye problems as a result of diabetes. Some persons may use informal terms such as "diabetes in the eye" or formal terms such as "diabetic retinopathy", which would indicate an answer of yes. If participants had eye problems and are diabetic, but are not clear if the problems were a result of their diabetes, then indicate "Don't remember". Only participants answering "Yes" should proceed to question 7a,

while others should proceed to question 8.

- 7a. Mark whether the participant recalls a history of laser or injection of medicine into the eye (also referred to as intravitreal injections) for their diabetic retinopathy. Lasers and intravitreal injections are used for many ocular conditions, so if participants recall receiving these treatments, but are unclear if they were used to treat their diabetic retinopathy, then choose "Don't remember". Only participants answering "Yes" should proceed to question 7b, while others should proceed to question 8.
- 7b. Indicate in which eye(s) participants answering "Yes" to 7a report having had laser or medication injection for their diabetic retinopathy. If participants are unclear regarding which eye or eyes they received treatment, then select "Don't remember".
8. Mark whether the participant recalls being told that they have glaucoma. Some participants may volunteer that they are glaucoma suspects or have "high pressure" in the eyes, but not glaucoma. Choose "No" for these participants. Only choose "Yes" if they state that they've been told they have glaucoma. Only participants answering "Yes" should proceed to question 8a, while others should proceed to question 9.
- 8a. Mark whether the participant recalls a history of glaucoma surgery. Office laser procedures should not be considered surgery. If participants give a history of "laser surgery", ask whether this surgery was performed in the office or the operating room, and check "Yes" only if they report the surgery was done in the operating room. Only participants answering "Yes" should proceed to question 8b, while others should proceed to question 9.
- 8b. Indicate in which eye(s) participants answering "Yes" to 8a report having had glaucoma surgery. If participants are unclear regarding which eye or eyes they received treatment, then select "Don't remember".
9. Mark whether the participant recalls being told that they have age-related macular degeneration. Only participants answering "Yes" should proceed to question 9a, while others should proceed to question 10.
- 9a. Mark whether the participant recalls a history of laser or injection of medicine into the eye (also referred to as intravitreal injections) for their age-related macular degeneration. Lasers and intravitreal injections are used for many ocular conditions, so if participants recall receiving these treatments, but are unclear if they were used to treat their age-related macular degeneration, then choose "Don't remember". Only participants answering "Yes" should proceed to question 9b, while others should proceed to question 10.
- 9b. Indicate in which eye(s) participants answering "Yes" to 9a report having had laser treatment or intravitreal injections. If participants are unclear regarding which eye or eyes they received treatment, then select "Don't remember".
10. Mark whether the participant recalls being told that they have (or had) cataracts. Participants who previously had cataract surgery should also answer "Yes". Only participants answering "Yes" should proceed to question 9a, while others should proceed to question 11.
- 10a. Mark whether the participant recalls a history of cataract surgery. Only participants answering "Yes" should proceed to question 10b, while others should proceed to question 11.
- 10b. Indicate in which eye(s) participants answering "Yes" to 10a report having had cataract surgery. The answer to this question, along with the answer to question 10a, will be needed to determine the settings during axial length measurement. If participants are unclear regarding which eye or eyes they received treatment, then select "Don't remember".
11. Mark whether the participant recalls being told that they had an artery or vein blockage in one or both of their eyes. Only participants answering "Yes" should proceed to question 11a, while others should proceed to question 12.
- 11a. Indicate in which eye(s) participants answering "Yes" to 11 report having had an arterial or

venous blockage. If participants are unclear regarding which eye or eyes had the arterial or venous blockage, then select "Don't remember".

- 11b. Mark whether the participant recalls a history of laser treatment or injection of medicine into the eye for their artery/vein blockage. Lasers and intravitreal injections (injection of medicine into the vitreous cavity of the eye) are used for many ocular conditions, so if participants recall receiving these treatments, but are unclear if they were used to treat their venous/arterial blockage (also known as a retinal vein occlusion, BRVO, CRVO, central retinal artery occlusion, or CRAO), then choose "Don't remember". Only participants answering "Yes" should proceed to question 11c, while others should proceed to question 12.
- 11c. Indicate in which eye(s) participants answering "Yes" to 11b reported having the treatments described above for their retinal arterial or venous blockage. If participants are unclear regarding which eye or eyes they received treatment, then select "Don't remember".
12. Mark whether the participant recalls being told that they had a retinal detachment (or other retinal problems not specified above) in one or both of their eyes. Only participants answering "Yes" should proceed to question 12a, while others should proceed to question 13.
- 12a. Please specify the retinal condition(s) causing the participant to answer "Yes" to question 12. If the patient is not sure, it is acceptable to leave the entry blank.
- 12b. Indicate which eye(s) resulted in participants answering "Yes" to 12. It is possible that participants describe a positive history to more than one retinal condition in 12a. In this case, they should report an eye as affected if it was affected by any of the conditions listed in 12a. Unless a participant definitively state that a specific eye or both eyes were affected by a condition listed in 12a, then select "Don't remember".
- 12c. Mark whether the participant recalls a history of retinal surgery for the conditions listed in 12a. Office laser procedures should not be considered surgery. If participants give a history of "laser surgery", ask whether this surgery was performed in the office or the operating room, and check "Yes" only if they report the surgery was done in the operating room. Common examples of retinal surgeries which are done in the operating room include vitrectomy, scleral buckle, and epiretinal membrane peel. Only participants answering "Yes" should proceed to question 12c, while others should proceed to question 13.
- 12d. Indicate in which eye(s) participants answering "Yes" to 12c report having had retinal surgery for the condition. If participants are unclear regarding which eye or eyes they received surgical treatment, then select "Don't remember".
13. Mark whether the participant recalls being told that they had a problem with their cornea in one or both of their eyes. Only participants answering "Yes" should proceed to question 13a, while others should proceed to question 14.
- 13a. Please specify the corneal condition(s) causing the participant to answer "Yes" to question 13. If the patient is not sure, it is acceptable to leave the entry blank.
- 13b. Indicate which eye(s) resulted in participants answering "Yes" to 13. It is possible that participants describe a positive history to more than one corneal condition in 13a. In this case, they should report an eye as affected if it was affected by any of the conditions listed in 13a. Unless a participant definitively state that a specific eye or both eyes were affected by a condition listed in 13a, then select "Don't remember".
- 13c. Mark whether the participant recalls a history of corneal transplant surgery. If unclear, ask whether this surgery was performed in the office or the operating room, and check "Yes" only if they report the surgery was done in the operating room. Corneal transplant surgery goes by several other names including DSEK (pronounced dee-sek) or PKP (stated as initials). Only participants answering "Yes" should proceed to question 13d, while others should proceed to question 14.

- 13d. Indicate in which eye(s) participants answering "Yes" to 13c report having had corneal transplantation surgery. If participants are unclear regarding which eye or eyes they received this surgical treatment, then select "Don't remember".
14. Mark whether the participant recalls wearing glasses as a child, i.e. before the age of 16. Only participants answering "Yes" should proceed to question 14a, while others should proceed to question 15.
- 14a. Mark whether the participant recalls a history of refractive surgery. Refractive surgery is also often referred to by specific names, such as LASIK or PRK, and is laser surgery to eliminate the need for glasses. It is nearly always done in a single setting in both eyes.
15. Mark whether the participant recalls being told that they had any other eye condition or eye surgery not mentioned in the sections above. Only participants answering "Yes" should proceed to question 15a, while others should proceed to question 16.
- 15a. Please specify the condition(s) and/or surgery(ies) causing the participant to answer "Yes" to question 15. If the patient is not sure, it is acceptable to leave the entry blank.
- 15b. Indicate which eye(s) resulted in participants answering "Yes" to 15. It is possible that participants describe a positive history to more than one condition/surgery in 15a. In this case, they should report an eye as affected if it was affected by any of the conditions/surgeries listed in 15a. Unless a participant definitively state that a specific eye or both eyes were affected by a condition listed in 15a, then select "Don't remember".
16. Indicate if the participant reports taking any eye drops for lowering of intraocular pressure. These drops will typically have a dark blue, yellow, orange, green or teal cap, though colors and description of colors may vary. If participants are taking drops but are not sure why they are taking the drops, then indicate "Don't remember". Only participants answering "Yes" should proceed to question 16a, while others should proceed to question 17.
- 16a. Indicate in which eye(s) participants are taking eye drops for lowering pressure. If the participant is not sure in which eye(s) the drops are being used, then choose "Don't remember".
17. Indicate if the participant has an eye doctor (ophthalmologist or optometrist) who they see for their eye care. Participants answering "No" have completed the form, while those answering "Yes" should complete item 17a.
- 17a. If the participant reports currently having an eye doctor, record the name, phone number and address (if known) of the eye doctor. This information may be used by the field center if there are any alerts generated during the participant's EyeDOC study visit.