



RETINAL EXAMINATION FORM (REXA screen 2 of 8)

<p>2.e. On which eye or eyes? ..... Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p style="padding-left: 150px;">Unknown U</p>	<p>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</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Go to Item 4a, Screen 3</p> </div> <p>b. Which eye or eyes were affected? ..... Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p style="padding-left: 150px;">Unknown U</p>
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RETINAL EXAMINATION FORM (REXA screen 3 of 8)

<p>4.a. Has a doctor ever told you that you have eye problems as a result of age-related macular degeneration? ..... Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Go to Item 5a, Screen 4</p> </div> <p>b. Which eye or eyes were affected? ..... Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p style="padding-left: 150px;">Unknown U</p>	<p>4.c. Have you ever had laser treatments on your eyes for macular degeneration? ..... Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Go to Item 5a, Screen 4</p> </div> <p>d. On which eye or eyes? ..... Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p style="padding-left: 150px;">Unknown U</p>
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RETINAL EXAMINATION FORM (REXA screen 4 of 8)

<p>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</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 6a, Screen 5</div> <p style="text-align: right;">Unknown      U</p> <p>b. Which eye or eyes were affected? ..... Right      R</p> <p style="text-align: right;">Left      L</p> <p style="text-align: right;">Both      B</p> <p style="text-align: right;">Unknown      U</p>	<p>5.c. Have you ever had eye surgery because of cataracts? ..... Yes      Y</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 6a, Screen 5</div> <p style="text-align: right;">Unknown      U</p> <p>d. On which eye or eyes? ..... Right      R</p> <p style="text-align: right;">Left      L</p> <p style="text-align: right;">Both      B</p> <p style="text-align: right;">Unknown      U</p>
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RETINAL EXAMINATION FORM (REXA screen 5 of 8)

<p>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</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 7a, Screen 6</div> <p style="text-align: right;">Unknown      U</p> <p>b. Which eye or eyes were affected? ..... Right      R</p> <p style="text-align: right;">Left      L</p> <p style="text-align: right;">Both      B</p> <p style="text-align: right;">Unknown      U</p>	<p>6.c. Have you ever had laser treatments on your eyes for this blockage? ..... Yes      Y</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 7a, Screen 6</div> <p style="text-align: right;">Unknown      U</p> <p>d. On which eye or eyes? ..... Right      R</p> <p style="text-align: right;">Left      L</p> <p style="text-align: right;">Both      B</p> <p style="text-align: right;">Unknown      U</p>
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RETINAL EXAMINATION FORM (REXA screen 6 of 8)

<p>7.a. Have you ever had eye surgery for another condition? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <p style="margin-left: 20px;">Go to Item 8a.</p> <p>b. What was the condition?</p> <table border="1" style="width: 100%; height: 20px; margin: 5px 0;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>c. On which eye or eyes? ..... Right      R</p> <p style="margin-left: 100px;">Left      L</p> <p style="margin-left: 100px;">Both      B</p> <p style="margin-left: 100px;">Unknown      U</p>																					<p>8.a. Have you ever had laser treatments on your eyes for another condition? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <p style="margin-left: 20px;">Go to Item 9a, Screen 7</p> <p>b. What was the condition?</p> <table border="1" style="width: 100%; height: 20px; margin: 5px 0;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>c. On which eye or eyes? ..... Right      R</p> <p style="margin-left: 100px;">Left      L</p> <p style="margin-left: 100px;">Both      B</p> <p style="margin-left: 100px;">Unknown      U</p>																				

RETINAL EXAMINATION FORM (REXA screen 7 of 8)

<p>9.a. Are you completely blind in one or both eyes? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <p style="margin-left: 20px;">Go to Item 10a.</p> <p>b. In which eye? ..... Right      R</p> <p style="margin-left: 100px;">Left      L</p> <p style="margin-left: 100px;">Both      B</p>	<p>10.a. Have you ever had an eye removed? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <p style="margin-left: 20px;">Go to Item 11, Screen 8</p> <p>b. Which eye was removed? ..... Right      R</p> <p style="margin-left: 100px;">Left      L</p> <p style="margin-left: 100px;">Both      B</p>
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11. Type of eye selection? ..... Assigned A  
 Selected S

If selected, explain:

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12. Which eye was photographed? ..

Go to Item 14.	{	Right	R
		Left	L
		Both	B
		None	N

13. Reason for not photographing?

Equipment failure	A
Participant refusal	B
Biologically not feasible	C
Other	D

14. Interviewer ID:

15. Photographer ID:

16. Date of data collection:   /   /

