

## RETINAL EXAMINATION FORM

ID NUMBER:	25 =0 10	CONTACT YEAR:	FORM CODE: REX	VERSION: B 01/30/96
LAST NAME:		INITIA	als:	

Public reporting burden for this collection of information is estimated to average <u>7</u> 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)

a doctor, optometrist, or eye specialist concerning your vision	n?
Less than 1 year	A
At least 1 year but less than 2 years	В
At least 2 years but less than 3 years	С
3-10 years	D
Greater than 10 years	E
Never	F
.a. Has a doctor ever told you that you had sugar diabetes? Yes	Y
Go to Item 3a, Screen 2	N
*	

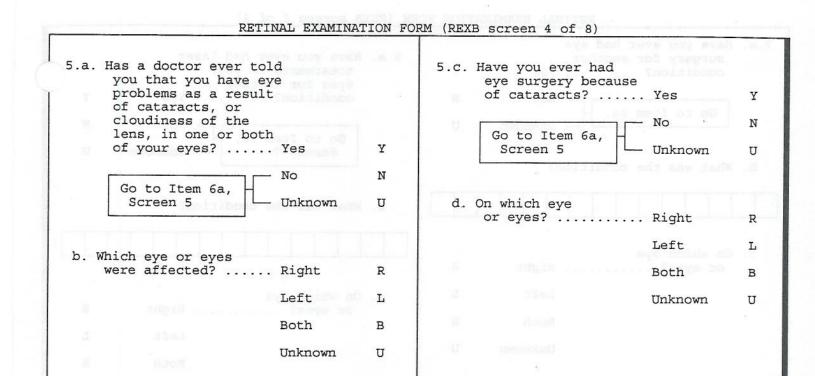
2.b.	Has a doctor ever told you that you have eye problems as a result of diabetes?	Yes	Y
-57	Go to Item 3a, Screen 2	No Unknown	N U
C.	were affected?	Right	R
		Left	L
		Both	В
		Unknown	Ū
d.	Have you ever had laser treatments on your eyes		
	for diabetes?	Yes	Y
	Go to Item 3a,	No	N
	Screen 2	Unknown	Ū

## RETINAL EXAMINATION FORM (REXB screen 2 of 8)

.e. On which eye or eyes?	Right	R L	3.a. Has a doctor ever told you that you have eye problems as a result of glaucoma, or	
	Both Unknown	В	increased pressure inside one or both of your eyes? Yes  Go to Item 4a, Screen 3  Unkno	y N own U
		of beganing one ground paud wirtz pe LN DAM roz	b. Which eye or eyes were affected? Right	. R
		of beginning arm gray you your wint as the series as the series as		: R L
		tripiced to see grand and and virty burners to the contract to the contract	were affected? Right	

## RETINAL EXAMINATION FORM (REXB screen 3 of 8)

you that you have problems as a resu			.c. Have you ever had la treatments on your eyes for macular		
age-related macula	riadd you blot	3	degeneration?		Y
degeneration?	Yes	Y	Support your guidance	- No	N
Go to Item 5a,	_ No	N	Go to Item 5a, Screen 4	- Unknown	U
Screen 4	Unknown	υ	Screen 4	- JIKIIOWII	U
tt manna dest -					
O DEGREE			d. On which eye		
b. Which eye or eyes were affected?	Right	R	or eyes?	. Right	R
. In 4. Bo	yeria aya apti	ow s		Left	L
	Left	L	G STATE	Both	В
	Both	В			
	Unknown	U		Unknown	U



6.a. Has a doctor ever		nester and	6.0	Have you ever had		
told you that you			0.0.	laser treatments on		
have eye problems as a result of		-A-0.5		your eyes for this blockage?	Vog	v
blockage of an				blockage:	ies	1
artery or vein in					No	N
one or both of your eyes?	Yes	Y		Go to Item 7a, Screen 6	Unknown	U
U mitogoldu —				10	00 to 1tem	Ü
Go to Item 7a,	No	N				
	Unknown	υ :	d.	On which eye		
S colored		2.,		or eyes?	Right	R
					Left	L
b. Which eye or eyes	D:	_				
were affected?	Right	R			Both	В
	Left	L			Unknown	U
	Both	В				
	Unknown	ם				

RETINAL EXAMINATION FORM (REXB screen 6 of 8) 7.a. Have you ever had eye surgery for another 8.a. Have you ever had laser condition? ..... Yes treatments on your eyes for another - No condition? ..... Yes Go to Item 8a. - No U Unknown Go to Item 9a, Screen 7 Unknown b. What was the condition? b. What was the condition? c. On which eye or eyes? ..... Right Left L c. On which eye or eyes? ..... Right Both В Left L U Unknown Both Unknown U

.a. 1	Are you completely blind in one or		10.	a. Have you ever had an eye removed?		Y
	both eyes?	Yes	Y	пі пів	No	N
o L	Go to Item 10a.	No	N	Go to Item 11, Screen 8	Unknown	Ū
L		Unknown	ט			
h	In which eye?	Right	R h	. Which eye was		
	126.1	Left	L	removed?	Right	R
					Left	L
		Both	В		Both	В

RETINAL EXAMINATION FORM (REXB screen 8 of 8) 11. Type of eye 13. Reason for not photographing? selection? ..... Assigned Equipment failure A Selected S Participant refusal If selected, explain: Biologically not feasible Other D 12. Which eye was photographed? .. - Right 14. Interviewer ID: R Left L Go to Item 14. Both В 15. Photographer ID: None N 16. Date of data collection:

Type of eye stay. American a Headen for not photographing?

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