

**Cohort, Exam 4****Retinal Examination Form: FORM CODE=REX VERSION=B**

**Instructions:** This form should be completed on paper during the participant's visit. 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.

| <i>ID</i> |              | <i>Aric Participant ID</i> |
|-----------|--------------|----------------------------|
| <i>N</i>  | <i>Value</i> | <i>Description</i>         |
| 1169      | Present      | Text suppressed            |

| <i>REXB1</i> |              | <i>When Was The Last Time You Saw A Doctor, Optometrist, Or Eye Specialist Concerning Your Vision? Q1</i> |
|--------------|--------------|---|
| <i>N</i>     | <i>Value</i> | <i>Description</i>  |
| 483          | A            | Less Than 1 Year  |
| 228          | B            | At Least 1 Year But Less Than 2 Years   |
| 200          | C            | At Least 2 Years But Less Than 3 Years  |
| 183          | D            | 3-10 Years  |
| 15           | E            | Greater Than 10 Years   |
| 11           | F            | Never   |
| 49           |              | Missing   |

| <i>REXB2A</i> |              | <i>Has Your Doctor Ever Told You That You Had Diabetes? Q2A</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>  |
| 974           | N            | No [skip to Q3A]  |
| 146           | Y            | Yes   |
| 49            |              | Missing   |

| <i>REXB2B</i> |              | <i>Has Your Doctor Ever Told You That You Have Eye Problems As A Result Of Diabetes? Q2B</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 120           | N            | No [skip to Q3A]   |
| 26            | Y            | Yes  |
| 1023          |              | Missing  |

| <i>REXB2C</i> |              | <i>Which Eye Or Eyes Were Affected? Q2C</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                          |
| 16            | B            | Both  |
| 3             | L            | Left  |
| 5             | R            | Right                                       |
| 2             | U            | Unknown                                     |
| 1143          |              | Missing                                     |

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| <i>REXB2D</i> |              | <i>Have You Ever Had Laser Treatments On Your Eyes For Diabetes? Q2D</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 16            | N            | No [skip to Q3A]   |
| 10            | Y            | Yes  |
| 1143          |              | Missing  |

| <i>REXB2E</i> |              | <i>On Which Eye Or Eyes? Q2E</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 8             | B            | Both                             |
| 1             | L            | Left                             |
| 1             | R            | Right                            |
| 1159          |              | Missing                          |

| <i>REXB3A</i> |              | <i>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? Q3A</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 1047          | N            | No [skip to Q4A]   |
| 1             | U            | Unknown [skip to Q4A]  |
| 72            | Y            | Yes  |
| 49            |              | Missing  |

| <i>REXB3B</i> |              | <i>Which Eye Or Eyes Were Affected? Q3B</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                          |
| 36            | B            | Both  |
| 12            | L            | Left  |
| 11            | R            | Right                                       |
| 13            | U            | Unknown                                     |
| 1097          |              | Missing                                     |

| <i>REXB4A</i> |              | <i>Has A Doctor Ever Told You That You Have Eye Problems As A Result Of Age-Related Macular Degeneration? Q4A</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>  |
| 1097          | N            | No [skip to Q5A]  |
| 5             | U            | Unknown [skip to Q5A]   |
| 19            | Y            | Yes   |
| 48            |              | Missing   |

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| <i>REXB4B</i> |              | <i>Which Eye Or Eyes Were Affected? Q4B</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                          |
| 11            | B            | Both  |
| 3             | L            | Left  |
| 4             | R            | Right                                       |
| 1             | U            | Unknown                                     |
| 1150          |              | Missing                                     |

| <i>REXB4C</i> |              | <i>Have You Ever Had Laser Treatments On Your Eyes For Macular Degeneration? Q4C</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 18            | N            | No [ <i>skip to Q5A</i> ]  |
| 1             | Y            | Yes  |
| 1150          |              | Missing  |

| <i>REXB4D</i> |              | <i>On Which Eye Or Eyes? Q4D</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 1             | R            | Right                            |
| 1168          |              | Missing                          |

| <i>REXB5A</i> |              | <i>Has A Doctor Ever Told You That You Have Eye Problems As A Result Of Cataracto, Or Cloudiness Of The Lens, In One Or Both Of Your Eyes? Q5A</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 953           | N            | No [ <i>skip to Q6A</i> ]  |
| 2             | U            | Unknown [ <i>skip to Q6A</i> ]   |
| 166           | Y            | Yes  |
| 48            |              | Missing  |

| <i>REXB5B</i> |              | <i>Which Eye Or Eyes Were Affected? Q5B</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                          |
| 84            | B            | Both  |
| 22            | L            | Left  |
| 31            | R            | Right                                       |
| 29            | U            | Unknown                                     |
| 1003          |              | Missing                                     |

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| <i>REXB5C</i> |              | <i>Have You Ever Had Eye Surgery Because Of Cataracts? Q5C</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 98            | N            | No [skip to Q6A]   |
| 68            | Y            | Yes  |
| 1003          |              | Missing  |

| <i>REXB5D</i> |              | <i>On Which Eye Or Eyes? Q5D</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 34            | B            | Both                             |
| 12            | L            | Left                             |
| 22            | R            | Right                            |
| 1101          |              | Missing                          |

| <i>REXB6A</i> |              | <i>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? Q6A</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 1109          | N            | No [skip to Q7A]   |
| 1             | U            | Unknown [skip to Q7A]  |
| 11            | Y            | Yes  |
| 48            |              | Missing  |

| <i>REXB6B</i> |              | <i>Which Eye Or Eyes Were Affected? Q6B</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                          |
| 3             | B            | Both  |
| 2             | L            | Left  |
| 5             | R            | Right                                       |
| 1             | U            | Unknown                                     |
| 1158          |              | Missing                                     |

| <i>REXB6C</i> |              | <i>Have You Ever Had Laser Ftreatments On Your Eyes For This Blockage? Q6C</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>   |
| 5             | N            | No [skip to Q7A]   |
| 6             | Y            | Yes  |
| 1158          |              | Missing  |

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| <i>REXB6D</i> |              | <i>On Which Eye Or Eyes? Q6D</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 2             | B            | Both                             |
| 2             | L            | Left                             |
| 2             | R            | Right                            |
| 1163          |              | Missing                          |

| <i>REXB7A</i> |              | <i>Have You Ever Had Eye Surgery For Another Condition? Q7A</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>  |
| 1082          | N            | No [ <i>skip to Q8A</i> ]                                       |
| 39            | Y            | Yes   |
| 48            |              | Missing   |

| <i>REXB7B</i> |              | <i>What Was The Condition? Q7B</i> |
|---------------|--------------|------------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                 |
| 38            | Present      | Text suppressed                    |
| 1131          |              | Missing                            |

| <i>REXB7C</i> |              | <i>On Which Eye Or Eyes? Q7C</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 6             | B            | Both                             |
| 15            | L            | Left                             |
| 12            | R            | Right                            |
| 5             | U            | Unknown                          |
| 1131          |              | Missing                          |

| <i>REXB8A</i> |              | <i>Have You Ever Had Laser Treatments On Your Eyes For Another Condition? Q8A</i> |
|---------------|--------------|---|
| <i>N</i>      | <i>Value</i> | <i>Description</i>  |
| 1083          | N            | No [ <i>skip to Q9A</i> ]   |
| 1             | U            | Unknown [ <i>skip to Q9A</i> ]  |
| 37            | Y            | Yes   |
| 48            |              | Missing   |

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| <i>REXB8B</i> |              | <i>What Was The Condition? Q8B</i> |
|---------------|--------------|------------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                 |
| 37            | Present      | Text suppressed                    |
| 1132          |              | Missing                            |

| <i>REXB8C</i> |              | <i>On Which Eye Or Eyes? Q8C</i> |
|---------------|--------------|----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>               |
| 11            | B            | Both                             |
| 11            | L            | Left                             |
| 13            | R            | Right                            |
| 2             | U            | Unknown                          |
| 1132          |              | Missing                          |

| <i>REXB9A</i> |              | <i>Are You Completely Blind In One Or Both Eyes? Q9A</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                                       |
| 1114          | N            | No [ <i>skip to Q10A</i> ]                               |
| 7             | Y            | Yes  |
| 48            |              | Missing  |

| <i>REXB9B</i> |              | <i>In Which Eye? Q9B</i> |
|---------------|--------------|--------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>       |
| 1             | B            | Both                     |
| 3             | L            | Left                     |
| 3             | R            | Right                    |
| 1162          |              | Missing                  |

| <i>REXB10A</i> |              | <i>Have You Ever Had An Eye Removed? Q10A</i> |
|----------------|--------------|---|
| <i>N</i>       | <i>Value</i> | <i>Description</i>                            |
| 1120           | N            | No [ <i>skip to Q11</i> ]                     |
| 1              | Y            | Yes   |
| 48             |              | Missing                                       |

| <i>REXB10B</i> |              | <i>Which Eye Was Removed? Q10B</i> |
|----------------|--------------|------------------------------------|
| <i>N</i>       | <i>Value</i> | <i>Description</i>                 |
| 1              | R            | Right                              |
| 1168           |              | Missing                            |

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| <i>REXB11</i> |              | <i>Type Of Eye Selection? Q11</i> |
|---------------|--------------|-----------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                |
| 1095          | A            | Assigned                          |
| 21            | S            | Selected                          |
| 53            |              | Missing                           |

| <i>REXB12</i> |              | <i>Which Eye Was Photographed? Q12</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                     |
| 1             | B            | Both [ <i>skip to Q14</i> ]            |
| 550           | L            | Left [ <i>skip to Q14</i> ]            |
| 24            | N            | None                                   |
| 545           | R            | Right [ <i>skip to Q14</i> ]           |
| 49            |              | Missing                                |

| <i>REXB13</i> |              | <i>Reason For Not Photographing? Q13</i> |
|---------------|--------------|--|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                       |
| 6             | B            | Participant Refusal                      |
| 17            | C            | Biologically Not Feasible                |
| 1             | D            | Other                                    |
| 1145          |              | Missing                                  |

| <i>REXB14</i> |              | <i>Interviewer ID? Q14</i> |
|---------------|--------------|----------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>         |
| 1120          | Present      | Text suppressed            |
| 49            |              | Missing                    |

| <i>REXB15</i> |              | <i>Photographer ID? Q15</i> |
|---------------|--------------|-----------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>          |
| 1120          | Present      | Text suppressed             |
| 49            |              | Missing                     |

| <i>REXB16</i> |              | <i>Date Of Data Collection Q16</i> |
|---------------|--------------|------------------------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>                 |
| 1120          | Range        | 02/01/1996 - 06/18/1996            |
| 49            |              | Missing                            |

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| <i>REXBCY</i> |              | <i>Contact Year</i> |
|---------------|--------------|---------------------|
| <i>N</i>      | <i>Value</i> | <i>Description</i>  |
| 1169          | 10           |                     |

| <i>REXBFLAG</i> |              | <i>Indicator For Presence Of Form</i> |
|-----------------|--------------|---------------------------------------|
| <i>N</i>        | <i>Value</i> | <i>Description</i>                    |
| 1169            | 1            |                                       |