

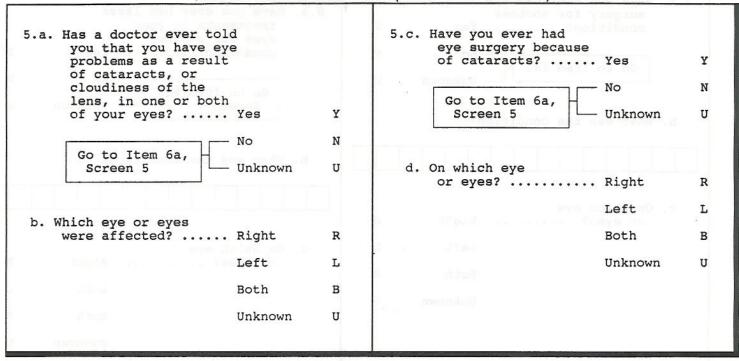
RETINAL EXAMINATION FORM

ID NUMBER: CONTACT Y	YEAR: FORM CODE: REX VERSION: A 03-09-93
LAST NAME:	INITIALS:
for reviewing instructions, searching existing data so reviewing the collection of information. Send comments of information including suggestions for reducing this	ation is estimated to average <u>7</u> minutes per response, including time burces, gathering and maintaining the data needed, and completing and regarding the burden estimate or any other aspect of this collection burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey 11, Attn. PRA; and to the Office of Management and Budget, Paperwork 1503.
must be entered above. Whenever numer appears in the rightmost box. Enter lentered incorrectly, mark through the incorrect entry. For "multiple choice	r during the participant's visit. ID Number, Contact Year, and Name rical responses are required, enter the number so that the last digit leading zeroes where necessary to fill all boxes. If a number is incorrect entry with an "X". Code the correct entry clearly above the e" and "yes/no" type questions, circle the letter corresponding to the er is circled incorrectly, mark through it with an "X" and circle the
RETINAL EXAMINATI	ION FORM (REXA screen 1 of 8)
1. When was the last time you saw a doctor, optometrist, or eye specialist concerning your vision? Less than 1 year At least 1 year but less than 2 years At least 2 years but less than 3 years 3-10 years Greater than 10 years Never	2.b. Has a doctor ever told you that you have eye problems as a result of diabetes? Yes Property of the state of t
2.a. Has a doctor ever told you that you had sugar diabetes? Yes Go to Item 3a, Screen 2	d. Have you ever had laser treatments on your eyes for diabetes? Yes Go to Item 3a, Screen 2 Unknown U

2.e. On which eye or eyes?	. Right Left Both Unknown	R L B	Has a doctor ever you that you have problems as a resof glaucoma, or increased pressurinside one or bot of your eyes? Go to Item 4a, Screen 3	e eye sult ce ch	Y N U
		st political at atten	Which eye or eyes were affected?		R
		20205, Attr., PEA,			L
				Both	В
		est grandb space		Unknown	U

RETINAL EXAMINATION FORM (REXA screen 3 of 8)

.a. Has a doctor ever told you that you have eye problems as a result of		4.c. Have you ever had laser treatments on your eyes for macular	
age-related macular degeneration? Yes	Y	degeneration? Yes	Y
No	N	Go to Item 5a,	N
Go to Item 5a, -	II.	Screen 4 Unknown	U
Screen 4 Unknown	Ü	and seem 1 dated so	
		d. On which eye	
b. Which eye or eyes		or eyes? Right	R
were affected? Right	R	Left	L
Left	L	_ 5501	72
migration and the first terms	_	Both	В
Both	В	Unknown	U
Unknown	U	dikilowii	J
		Time to the second second	



RETINAL EXAMINATION FORM (REXA screen 5 of 8) 6.a. Has a doctor ever 6.c. Have you ever had told you that you laser treatments on your eyes for this have eye problems as a result of blockage? Yes Y blockage of an artery or vein in - No N Go to Item 7a, one or both of your eyes? Yes Screen 6 - Unknown N - No Go to Item 7a, Screen 6 Unknown U d. On which eye or eyes? Right R Left L b. Which eye or eyes were affected? Right R Both В Left L Unknown U Both В Unknown TT

RETINAL EXAMINATION FORM (REXA screen 6 of 8)

surger	y for another	· v	v	8.a. Have you ever had laser treatments on your	
condit	ion?	Yes	1	eyes for another	
	neusond yang	- No	N	condition? Ye	es Y
Go to	Item 8a.	— Unknown	u l	No	
				Go to Item 9a,	0010
h tibat			¥	Screen 7	nknown (
b. What wa	s the conditi	LOTT			
	l ale	tradition from the	والطلبا	b. What was the condition?	
c. On whic	h eve				
			R		
or eye	s?	Right	R		
or eye	s?	Right Left	L		
or eye	s?	Left	L		
or eye	s?		191	c. On which eye or eyes? R.	ight F
or eye	s?	Left	L	c. On which eye or eyes? R.	
or eye	s?	Left Both	L B	c. On which eye or eyes? R.	ight F

RETINAL EXAMINATION FORM (REXA screen 7 of 8) 10.a. Have you ever had an 9.a. Are you completely eye removed? Yes Y blind in one or both eyes? Yes Y N Go to Item 11, - No Screen 8 Unknown U Go to Item 10a. Unknown U b. Which eye was b. In which eye? Right R removed? Right R Left L Left L Both В Both В

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

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