Multi-Ethnic Study of Atherosclerosis Exam 2



Eye Vision History

Interviewer Administered

Participant Id#:											
Acrost	ic:										
Date:	Month /	Day /	Year								

The Eye Vision History asks about your present and past history of eye conditions and use of eye medications. The information will help in the assessment and understanding of conditions that might be found on retinal photography which might affect your vision.

- 1 Have you ever been told by an eye doctor that you have or had a cataract in either of your eyes?
 - O Yes -- Right eye only
 - O Yes -- Left eye only
 - O Yes -- Both eyes

- o No
- O Don't know
- Refused

---- skip to #2

- 1a Did you have a cataract operation?
 - O Yes -- Right eye only
 - O Yes -- Left eye only
 - O Yes -- Both eyes
- o No
- O Don't know
- Refused
- 1b For each eye, when was your first cataract operation?

Right eye

O No operation

or O Don't know

Year O Refused

- Year
- O No operation

Left eye

O Don't know

Refused

- 2 For the past 3 months, or longer, have you experienced or been told you have **dry eyes**, where your eyes feel like something is in them, itch, burn, feel gritty, that is not related to allergies?
 - O Yes -- Right eye only
 - Yes -- Left eye only
 - O Yes -- Both eyes

- o No
- O Don't know
- Refused
- → skip to #3
- 2a Have you been using artificial tears for your dry eyes for the past three months or more?
 - O Yes
- O Don't know
- O No
- Refused

3 Has a doctor ever said you had diabetes, or high blood sugar or sugar in your urine?

O Yes -- confirmed diabetes

O Yes -- suspected diabetes or high blood sugar O No

O Don't know

O Refused

skip to #4

3a Have you ever had laser treatment applied to the retina, the back of your eye, because of diabetic retinopathy?

O Yes -- Right eye only

o No

O Yes -- Left eye only

O Don't know

O Yes -- Both eyes

O Refused

4 Have you ever been told by an eye doctor that you have glaucoma, which is the result of high pressure in your eyes?

O Yes -- Right eye only

o No

O Yes -- Left eye only

O Don't know

Refused

--- skip to #5

O Yes -- Both eyes

4a Do you take medications for your glaucoma?

O Yes

0 No

O Don't know

skip to #4c

Refused

4b Did you use pilocarpine eye drops as part of your glaucoma medication?

O Yes -- Right eye only

o No

O Yes -- Left eye only

O Don't know

O Yes -- Both eyes

O Refused

4c Did you have surgery for your glaucoma?

O Yes -- Right eye only

O No

O Yes -- Left eye only

O Don't know

O Yes -- Both eyes

Refused

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5	Have you ever been told by a doctor that o	ne of your eyes had a retinal detachment?
	O Yes Right eye only	O No
	O Yes Left eye only	O Don't know
	O Yes Both eyes	O Refused
6	Have you ever been told by an eye doctor	that you have age-related macular degeneration?
	O Yes Right eye only	O No
	O Yes Left eye only	O Don't know skip to #7
	O Yes Both eyes	O Refused
	6a Have you ever had laser treatmen	nt for macular degeneration?
	O Yes Right eye only	O No
	O Yes Left eye only	O Don't know
	O Yes Both eyes	○ Refused
7	Has either of your eyes been injured and r	O No
	O Yes Left eye only	O Don't know -> skip to #8
	O Yes Both eyes	O Refused
	7a Was this injury from a blunt object	t like a fist, ball, car dashboard, etc?
	O Yes Right eye only	O No
	○ Yes Left eye only	O Don't know
	O Yes Both eyes	O Refused
	7b Was this injury from a sharp obje	ect like a knife, glass, or other object that cut the eye?
	O Yes Right eye only	O No
	O Yes Left eye only	O Don't know
	O Yes Both eyes	O Refused
	7c Was this injury due to a chemica	al burn, from substances like acids or lye?
	 Yes Right eye only 	O No
	O Yes Left eye only	O Don't know

O Refused

O Yes -- Both eyes

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7d Did this in	njury occur at	your workplace?
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- O Yes -- Right eye only
- O No
- O Yes -- Left eye only
- O Don't know

O Yes -- Both eyes

O Refused

8 How would you rate your vision without correction (without eye glasses or contact lenses)?

O Excellent

O Can't see at all

O Good

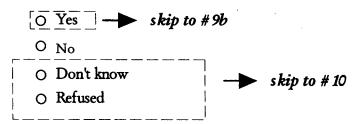
O Don't know

O Fair

O Refused

O Poor

9 Do you drive at night?



9a Is this because of your vision?

O Yes	 		
O No		-	skip to # 10
O Don't know			p ,,
O Refused			

9b How much difficulty do you have seeing things (like reading road signs) when you drive at night?

O None

O A lot

O A little

- O Don't know
- O A moderate amount
- O Refused

10 Have you ever been told by a doctor that you had lazy eye or amblyopia?

- O Yes -- Right eye only
- O No
- O Yes -- Left eye only
- O Don't know

O Yes -- Both eyes

Refused

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