

Multi-Ethnic Study of Atherosclerosis

Exam 2



Eye History

Interviewer Administered

Participant Id#:

Acrostic:

EYEDT2

Date:

Month

Month

Day

Day

Year

Year

The MESA Eye History asks about your present and past history of eye conditions and use of eye medications. The information will help us interpret the retinal photographs.

1 Have you ever been told by an eye doctor that you have or had a cataract in either of your eyes?

- Yes -- Right eye only
Yes -- Left eye only
Yes -- Both eyes
Yes -- Don't remember which eye

- No
Don't know
Refused

skip to #2

1a Did you have a cataract operation?

- Yes -- Right eye only
Yes -- Left eye only
Yes -- Both eyes
Yes -- Don't remember which eye

- No
Don't know
Refused

skip to #2

1b For the eye(s) above, when was your first cataract operation?

Right eye catopyr2
Year

- No operation
Don't know
Refuse

Left eye catopyL2
Year

- No operation
Don't know
Refuse

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?

- Yes -- Right eye only
Yes -- Left eye only
Yes -- Both eyes
Yes -- Don't remember which eye

- No
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?

- Yes
No
Don't know
Refused



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

- Yes -- confirmed diabetes
- Yes -- suspected diabetes or high blood sugar

eydiab2

- No
- Don't know
- Refused

→ **skip to #4**

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

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

eylaser2

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

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye

glauc2

- No
- Don't know
- Refused

→ **skip to #5**

4a Do you take medications for your glaucoma?

- Yes

- No
- Don't know
- Refused

glaucmd2

→ **skip to #4c**

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

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

piloc2

4c Did you have surgery for your glaucoma?

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

glaucsg2



5 Have you ever been told by a doctor that one of your eyes had a **retinal detachment**?

- Yes -- Right eye only **retdet2**
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

6 Have you ever been told by an eye doctor that you have **age-related macular degeneration**?

- Yes -- Right eye only **macdeg2**
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

→ skip to #7

6a Have you ever had laser **treatment** for macular degeneration?

- Yes -- Right eye only
- Yes -- Left eye only **macdegt2**
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

7 Has either of your eyes been **injured** and required a doctor's care?

- Yes -- Right eye only
- Yes -- Left eye only **eyinj2**
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

→ skip to #8

7a Was this injury from a blunt object like a fist, ball, car dashboard, etc?

- Yes -- Right eye only
- Yes -- Left eye only **eyinjb2**
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

7b Was this injury from a sharp object like a knife, glass, or other object that cut the eye?

- Yes -- Right eye only
- Yes -- Left eye only **eyinjs2**
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

7c Was this injury due to a chemical burn, from substances like acids or lye?

- Yes -- Right eye only
- Yes -- Left eye only **eyinjc2**
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused



7d Did this injury occur at your workplace?

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

eyinjw2

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

- Excellent
- Good
- Fair
- Poor
- Can't see at all
- Don't know
- Refused

eyvis2

9 Do you drive at night?

- Yes → skip to #9b
- drvn2 No

- Don't know → skip to #10
- Refused

9a Is this because of your vision?

- Yes
- No nodrvn2 → skip to #10
- Don't know
- Refused

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

- None
- A little
- A moderate amount
- A lot
- Don't know
- Refused

difdrvn2

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

- Yes -- Right eye only
- Yes -- Left eye only
- Yes -- Both eyes
- Yes -- Don't remember which eye
- No
- Don't know
- Refused

lazyeye2

[Empty box]

11 Do you have an optometrist or ophthalmologist that you go to?

Yes

No **hvopt2**

Don't know

Refused

→ **Questionnaire Completed**

11a If yes, would you give his/her name and telephone number?

Name

optnmtx2

Telephone Number **optphn2**

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For MESA Field Center Use Only:

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