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: No operation
- Right eye: Don't know
- Right eye: Refuse
- Left eye: No operation
- Left eye: Don't know
- Left eye: 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
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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
   ○ 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

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
   ○ No
   ○ Don't know
   ○ Refused
   → skip to #5

4a Do you take medications for your glaucoma?
   ○ Yes
   ○ No
   ○ Don't know
   ○ Refused
   → 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

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
5. Have you ever been told by a doctor that one of your eyes had a retinal detachment?
   - Yes -- Right eye only
   - 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
   - Yes -- Left eye only
   - Yes -- Both eyes
   - Yes -- Don't remember which eye
   - No
   - Don't know
   - Refused

6a. Have you ever had laser treatment for macular degeneration?
   - Yes -- Right eye only
   - Yes -- Left eye only
   - 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
   - Yes -- Both eyes
   - Yes -- Don't remember which eye
   - No
   - Don't know
   - Refused

7a. Was this injury from a blunt object like a fist, ball, car dashboard, etc?
   - Yes -- Right eye only
   - Yes -- Left eye only
   - 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
   - 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
   - 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

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

9 Do you drive at night?
- Yes
- No
- Don't know
- Refused

9a Is this because of your vision?
- Yes
- No
- 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

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
11 Do you have an optometrist or ophthalmologist that you go to?
- Yes
- No
- Don’t know
- Refused

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

Name: optnmtx2

Telephone Number: optphn2

For MESA Field Center Use Only:

eyeiid2 Interviewer
eyerid2 Reviewer
eyedadid2 Data Entry