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
     - Don't know
     - Refuse
     - Year
   - Left eye
     - No operation
     - Don't know
     - Refuse
     - Year

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
   - No
   - Don't know
   - Refused

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

3b. Have you ever had an injection in 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 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

4a. 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

4b. Have you ever had an injection in your eye, to treat your macular degeneration?
   - Yes -- Right eye only
   - Yes -- Left eye only
   - Yes -- Both eyes
   - Yes -- Don't remember which eye
   - No
   - Don't know
   - Refused
5. 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

6. Have you ever had laser vision correction or refractive surgery to treat near-sightedness or myopia?
   - Yes
   - No
   - Don’t know
   - Refused

   6a. Which eye had the surgery to improve your distance vision?
   - Right eye only
   - Left eye only
   - Both eyes
   - Don’t know
   - Refused

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

   7a. If yes, would you give his/her name and telephone number?
   - [Name]
   - [Telephone Number]

For MESA Field Center Use Only:

Interviewer
Reviewer
Data Entry

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