

Multi-Ethnic Study of Atherosclerosis

Exam 5



Eye History

Interviewer Administered

Participant Id#:

Acrostic:

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

Year

Year

or

- No operation
Don't know
Refuse

Left eye

Year

Year

or

- 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

- 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?

- | | |
|---|----------------------------------|
| <input type="radio"/> Yes -- Right eye only | <input type="radio"/> No |
| <input type="radio"/> Yes -- Left eye only | <input type="radio"/> Don't know |
| <input type="radio"/> Yes -- Both eyes | <input type="radio"/> Refused |
| <input type="radio"/> Yes -- Don't remember which eye | |

3b Have you ever had an injection in your eye, because of diabetic retinopathy?

- | | |
|---|----------------------------------|
| <input type="radio"/> Yes -- Right eye only | <input type="radio"/> No |
| <input type="radio"/> Yes -- Left eye only | <input type="radio"/> Don't know |
| <input type="radio"/> Yes -- Both eyes | <input type="radio"/> Refused |
| <input type="radio"/> Yes -- Don't remember which eye | |

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

→ skip to #7

4a Have you ever had laser **treatment** for macular degeneration?

- | | |
|---|----------------------------------|
| <input type="radio"/> Yes -- Right eye only | <input type="radio"/> No |
| <input type="radio"/> Yes -- Left eye only | <input type="radio"/> Don't know |
| <input type="radio"/> Yes -- Both eyes | <input type="radio"/> Refused |
| <input type="radio"/> Yes -- Don't remember which eye | |

4b Have you ever an **injection in your eye**, to treat your macular degeneration?

- | | |
|---|----------------------------------|
| <input type="radio"/> Yes -- Right eye only | <input type="radio"/> No |
| <input type="radio"/> Yes -- Left eye only | <input type="radio"/> Don't know |
| <input type="radio"/> Yes -- Both eyes | <input type="radio"/> Refused |
| <input type="radio"/> Yes -- Don't remember which eye | |

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
- Skip to Section 3**

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

➔ **Questionnaire Completed**

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