

*Sleep Cohort
Study*

Eye Vision History

ID Number: _____
 Interviewer Initials: ____
 Date: ____ / ____ / ____

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

0	No
8	Don't know
9	Refused

- 1 Yes – Right eye only
- 2 Yes – Left eye only → skip to #2
- 3 Yes – Both eyes

1a. Did you have a cataract operation?

0	No
8	Don't know
9	Refused

- 1 Yes – Right eye only
- 2 Yes – Left eye only → skip to #2
- 3 Yes – Both eyes

1b. For each eye, when was your first cataract operation?

0 Right eye

1 Left eye

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Year

Or

- 0 No operation
- 8 Don't know
- 9 Refused

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Year

Or

- 0 No operation
- 8 Don't know
- 9 Refused

2. Have you ever been told by a doctor that you experienced a **retinal detachment**?

- | | |
|--------------|------------------------|
| 0 No | 1 Yes – Right eye only |
| 8 Don't know | 2 Yes – Left eye only |
| 9 Refused | 3 Yes – Both eyes |

3. Have you ever had any laser treatment for **age-related macular degeneration** applied to your retina (back of your eye)?

- | | |
|--------------|------------------------|
| 0 No | 1 Yes – Right eye only |
| 8 Don't know | |

- 9 Refused
3 Yes – Both eyes
- 2 Yes – Left eye only

4. Have you ever had any laser treatment for **diabetic retinopathy** applied to your retina (back of your eye)?

- 0 No
8 Don't know
9 Refused
- 1 Yes – Right eye only
2 Yes – Left eye only
3 Yes – Both eyes

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

- 0 No
8 Don't know
9 Refused
- 1 Yes – Right eye only
2 Yes – Left eye only
3 Yes – Both eyes

Comments: