

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

--	--	--	--

Year

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

--	--	--	--

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

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

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

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

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

Comments: