Sleep Apnea Study Eye Vision History	ID Number: __ __ __ __ __ Interviewer Initials: __ __ Date: __ __ / __ __ / __ __

The ***Eye Vision History*** identifies the participant's present and past history of eye conditions. The information will help in the assessment and diagnosis of conditions that might be found on retinal photography and which might affect your vision.

TABLE: EYE_VISION_HIST

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

cataract
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

cataract_operation
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

cat_right_or

cat_right_year

Year

Or

0 No operation
8 Don't know
9 Refused

1 Left eye

cat_left_or

cat_left_year

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
8 Don't know
9 Refused

retinal_detachment
1 Yes – Right eye only
2 Yes – Left eye only
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)?

macular_degen_laser

0 No
8 Don't know
9 Refused

1 Yes – Right eye only
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)?

diabetic_retinop_laser

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

injured_eye

1 Yes – Right eye only
2 Yes – Left eye only
3 Yes – Both eyes

Comments:

not entered: