## RETINAL EXAMINATION FORM (REXA screen 1 of 8)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When was the last time you saw a doctor, optometrist, or eye specialist concerning your vision?</td>
<td>Less than 1 year</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>At least 1 year but less than 2 years</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>At least 2 years but less than 3 years</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>3-10 years</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>Greater than 10 years</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>F</td>
</tr>
</tbody>
</table>

2.a. Has a doctor ever told you that you had sugar diabetes? ........ Yes | Y |

No [ ] N

Go to Item 3a, Screen 2

2.b. Has a doctor ever told you that you have eye problems as a result of diabetes? ........ Yes | Y |

No [ ] N

Go to Item 3a, Screen 2

Go to Item 3a, Screen 2

2.c. Which eye or eyes were affected? ...... Right | R |

Left [ ] L

Both [ ] B

Unknown [ ] U

2.d. Have you ever had laser treatments on your eyes for diabetes? ........ Yes | Y |

No [ ] N

Go to Item 3a, Screen 2

Go to Item 3a, Screen 2

Unknown [ ] U
2. e. On which eye or eyes? ......... Right R
    Left L
    Both B
    Unknown U

3. a. Has a doctor ever told you that you have eye problems as a result of glaucoma, or increased pressure inside one or both of your eyes? ....... Yes Y
    No N
    Unknown U

   b. Which eye or eyes were affected? ....... Right R
       Left L
       Both B
       Unknown U

4. a. Has a doctor ever told you that you have eye problems as a result of age-related macular degeneration? ....... Yes Y
       No N
       Unknown U

   b. Which eye or eyes were affected? ....... Right R
       Left L
       Both B
       Unknown U

4. c. Have you ever had laser treatments on your eyes for macular degeneration? ....... Yes Y
       No N
       Unknown U

   d. On which eye or eyes? ......... Right R
       Left L
       Both B
       Unknown U
5.a. Has a doctor ever told you that you have eye problems as a result of cataracts, or cloudiness of the lens, in one or both of your eyes? ....... Yes Y

Go to Item 6a, Screen 5

No N
Unknown U

b. Which eye or eyes were affected? ....... Right R

Left L
Both B
Unknown U

5.c. Have you ever had eye surgery because of cataracts? ....... Yes Y

Go to Item 6a, Screen 5

No N
Unknown U

d. On which eye or eyes? ....... Right R

Left L
Both B
Unknown U

6.a. Has a doctor ever told you that you have eye problems as a result of blockage of an artery or vein in one or both of your eyes? ....... Yes Y

Go to Item 7a, Screen 6

No N
Unknown U

b. Which eye or eyes were affected? ....... Right R

Left L
Both B
Unknown U

6.c. Have you ever had laser treatments on your eyes for this blockage? ....... Yes Y

Go to Item 7a, Screen 6

No N
Unknown U

d. On which eye or eyes? ....... Right R

Left L
Both B
Unknown U
RETINAL EXAMINATION FORM (REXA screen 6 of 8)

7.a. Have you ever had eye surgery for another condition? ........ Yes Y

Go to Item 8a. No N

Unknown U

b. What was the condition?

c. On which eye or eyes? Right R

Left L

Both B

Unknown U

8.a. Have you ever had laser treatments on your eyes for another condition? ........ Yes Y

Go to Item 9a, Screen 7 No N

Unknown U

b. What was the condition?

c. On which eye or eyes? Right R

Left L

Both B

Unknown U

RETINAL EXAMINATION FORM (REXA screen 7 of 8)

9.a. Are you completely blind in one or both eyes? ........ Yes Y

Go to Item 10a. No N

Unknown U

b. In which eye? Right R

Left L

Both B

10.a. Have you ever had an eye removed? ........ Yes Y

Go to Item 11, Screen 8 No N

Unknown U

b. Which eye was removed? Right R

Left L

Both B
11. Type of eye selection? ........ Assigned A
                 Selected S
 If selected, explain: ____________________________________________

12. Which eye was photographed? ... [Go to Item 14.]
     Right  R
     Left   L
     Both   B
     None   N

13. Reason for not photographing?
     Equipment failure A
     Participant refusal B
     Biologically not feasible C
     Other            D

14. Interviewer ID: __________________________

15. Photographer ID: __________________________

16. Date of data collection: ______/____/____