Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHIS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

INSTRUCTIONS: This form should be completed on paper during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark it through with an "X" and circle the correct response.

1. When was the last time you saw a doctor, optometrist, or eye specialist concerning your vision?

   Less than 1 year  A
   At least 1 year but less than 2 years  B
   At least 2 years but less than 3 years  C
   3-10 years  D
   Greater than 10 years  E
   Never  F

   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  YE
   No  NE

   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
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
Go to Item 4a, Screen 3

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
Go to Item 5a, Screen 4

4.c. Have you ever had laser treatments on your eyes for macular degeneration? ...... Yes Y
No N
Unknown U
Go to Item 5a, Screen 4

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

- No N
- Unknown U

Go to Item 6a, Screen 5

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

- No N
- Unknown U

Go to Item 6a, Screen 5

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

- No N
- Unknown U

Go to Item 7a, Screen 6

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

- No N
- Unknown U

Go to Item 7a, Screen 6

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

- Left L
- Both B
- Unknown U
7. a. Have you ever had eye surgery for another condition? ........ Yes Y, No N, Unknown U. Go to Item 8a.
b. What was the condition?

7. 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, No N, Unknown U. Go to Item 9a, Screen 7
b. What was the condition?

8. c. On which eye or eyes? ........ Right R, Left L, Both B, Unknown U.

9. a. Are you completely blind in one or both eyes? ........ Yes Y, No N, Unknown U. Go to Item 10a.
b. In which eye? ........ Right R, Left L, Both B.

10. a. Have you ever had an eye removed? ........ Yes Y, No N, Unknown U. Go to Item 11, Screen 8
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? ...
       Right R
       Left L
       Both B
       None N
       Go to Item 14.

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: [___/____/____]
<table>
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<th>Type of Use</th>
<th>Description</th>
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<td>A</td>
<td>For research in:</td>
</tr>
<tr>
<td>B</td>
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<td>C</td>
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If you have any questions, please contact [Contact Information].