Form Approved
OMB No. 0920-0904
Exp. Date 11/30/2014

Patient ID Number [ ] [ ][ ] [ ][ ][ ][ ][ ]
Site Sub-site Sequential ID

SEARCH Eye Vision History Form

1. Do you have an optometrist or ophthalmologist that you go to?

1❑ Yes → If Yes, would you give his/her name and telephone number?

haveeyedoc_visn

Name: _____ Telephone Number [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]

Mailing Address:

_____

_____

City State Zip Code

2❑ No → If No, skip to question 2.
3❑ Don't know → If Don't know, skip to question 2.
4❑ Refused → If Refused, skip to question 2.

2. Have you ever had laser treatment or injections to the eye because of diabetic retinopathy? lasertreat_visn

1❑ Yes – Right eye only
2❑ Yes – Left eye only
3❑ Yes – Both eyes
4❑ No
5❑ Don't know
6❑ Refused

FOR STUDY USE ONLY

Were there any difficulties in obtaining the retinal images? 1❑ Yes 2❑ No diffreason_VISN

If yes, please check what this was due to (check the main reason): diffreason_VISN

1❑ camera
2❑ participant
3❑ operator
4❑ other (specify) _____

_____

_____

Date Completed compldat	Month	Day	Year	Completed by complby	
Date Reviewed revwdate	Month	Day	Year	Reviewer Code revwby	
Date Entered enterdat	Month	Day	Year	Data Entry Code enterdat	