

I. General Information

NOTE: To be completed by the study coordinator by directly questioning the patient or the care-giver. Sentences within quotes should be read verbatim.

1. Is patient able to sit in a chair?

()₁ ()₀
Yes No

STOP: This patient is ineligible

2. Is patient able to follow instructions?

()₁ ()₀
Yes No

STOP: This patient is ineligible

3. Birth date:

____ - ____ - 19____
Month Day Year

4. Sex:

()_M ()_F
Male Female

5. "With which of the following racial or ethnic groups do you most closely identify?" (check one):

- White, not of Hispanic origin ()₁
- American Indian or Alaskan Native ()₂
- Asian or Pacific Islander ()₃
- Black, not of Hispanic origin ()₄
- Hispanic origin ()₅
- Unable to answer ()₆

6. "Are you currently taking medication for hypertension?"

()₁ ()₀ ()₂
Yes No Unknown

7. "Have you ever smoked cigarettes on a daily basis?"

()₁ ()₀ ()₂
Yes No Unknown

7.A. "How many years did you smoke cigarettes on a daily basis?" ____

7.B. "Do you currently smoke cigarettes?"

Yes ()₁

No, quit less than one year ago ()₂

No, quit more than one year ago ()₃

8. Print name and certification number of person who completed this section:

____ / ____
Name Cert#

9. Date General Information was completed:

____ - ____ - ____
Month Day Year

Coord Ctr Use Only: Initials ____
Date Entered: ____ - ____ - ____

ID. No.: ____
Name Code: _____

III. Photographs

NOTE: Stereo color photographs of both eyes must be taken.

15. Have the following required color photographs been taken:

a. Right eye macula? ()₁
Yes

()₀
No

c. Left eye macula? ()₁
Yes

()₀
No

STOP: This patient is ineligible

16. Date the color photographs were taken:

____ - ____ - ____
Month Day Year

17. Print name and certification number of photographer
taking the color photographs:

____ / ____
Name Cert#

IV. Administrative Matters

18. Date patient signed consent form:

____ - ____ - ____
Month Day Year

19. Print name and certification number of person completing the form:

____ / ____
Name Cert#

20. Date checked for completeness:

____ - ____ - ____
Month Day Year

ID. No.: ____

Name Code: ____