



Comparison of Age-related Macular
Degeneration Treatments Trials
Baseline General Information

GI (002.1)
07/18/2007
Page 1 of 3

ID. No.: ____ - ____ Alpha Code: ____

Clinic #: ____ Week: 000

NOTE: To be completed by the clinic coordinator by directly questioning the patient. Sentences within quotes should be read verbatim to the patient.

1. "What is your date of birth?"

____ / ____ / 19 ____
Month Day Year

2. "What was your age at your last birthday?"

____ Years →

**IF THE PATIENT IS LESS THAN 50
YEARS OF AGE, THE PATIENT IS
INELIGIBLE!**

3. "Are you male or female?"

()_m ()_f
Male Female

4. "Do you identify yourself as Hispanic or Latino?"

Hispanic or Latino ()₁
Not Hispanic or Latino ()₂
Unable to answer ()₃

5. "With which of the following racial or ethnic groups do you identify?" (Check as many as apply.)

- a) White ()₁
b) Asian ()₁
c) Black or African American ()₁
d) American Indian or Alaskan Native ()₁
e) Native Hawaiian or Pacific Islander ()₁
f) Unable to answer ()₁

6. "What is your current height?"

____ feet ____ inches

7. "What is your current weight?"

____ pounds



Comparison of Age-related Macular
Degeneration Treatments Trials
Baseline General Information

GI (002.1)
07/18/2007
Page 2 of 3

ID. No.: ____ - ____ Alpha Code: ____

Clinic #: ____ Week: 000

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

()₀
No

()₁
Yes

—————→

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

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

()₁ Yes

()₂ No, quit less than one year ago

()₃ No, quit more than one year ago

9. "Are you currently participating in another study for an eye condition?"

()₀
No

()₁
Yes

—————→

9.A. Specify name of study:

Unless the trial is AREDS2, you must have the Coordinating Center's approval before randomizing

10. "Are you currently participating in another study for a non-eye condition?"

()₀
No

()₁
Yes

—————→

10.A. Specify name of study:

You must have prior Coordinating Center approval before randomizing

11. Please record the patient's sitting blood pressure measurements:

a. Systolic ____
 mm Hg

b. Diastolic ____
 mm Hg



Comparison of Age-related Macular
Degeneration Treatments Trials
Baseline General Information

GI (002.1)

07/18/2007

Page 3 of 3

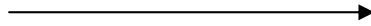
ID. No.: ____ - ____ Alpha Code: ____

Clinic #: ____ Week: 000

12. Is the patient a woman of
childbearing potential?

()₀
No

()₁
Yes



REMINDER!

You must obtain a pregnancy test within
14 days prior to randomization.

AND

You must complete an Additional
Information on Women of Childbearing
Potential Form

13. Which is the study eye?
Right()₀ Left ()₁

14. Initials and certification number of person
who completed this form:

a. Initials: ____

b. Certification #: ____

15. Date General Information was completed:

____ / ____ / 20 ____
Month Day Year