

Comparison of Age-related Macular Degeneration Treatments Trial Follow-Up Study

Data Dictionary for data table: tf.csv

Telephone Interview Form

Variable	Description	Type	Units	Coded values
alpha_code	Subject identifier	Char		
opmedhist	Did the patient agree to answer questions about their medical history?	Num		0=No 1=Yes
opmedrel	Did the patient return a signed medical release form?	Num		0=No 1=Yes
qsnrrec	Was AMD Treatment information obtained from your practice records or from an eye care provider outside the practice?	Num		1=Yes, complete the AMD Care Review Form 0=No
opvisac	Was visual acuity information provided?	Num		1=Yes 0=No
snellen_numerator_od	Snellen equivalent of right eye numerator	Num		
snellen_denominator_od	Snellen equivalent of right eye denominator	Num		
snellen_numerator_os	Snellen equivalent of left eye numerator	Num		
snellen_denominator_os	Snellen equivalent of left eye denominator	Num		
days_until_va	No. of days between randomization and exam date	Num	days	