



Age-related Macular Degeneration Questionnaire

Date _____ Code Number _____

We would ask you to answer some general questions about your personal and medical history. Your answers are important to the study and are completely confidential and identified in study records only by the Code Number assigned to you.

Name: Last _____ Middle _____ First _____

Age _____ Sex _____ Address _____

Contact telephone #: _____

1. Is your race or ethnic background?

(1= white - not of Hispanic origin?

2= black - not of Hispanic origin?

3= Hispanic?

4= Asian or Pacific Islander?

5=Other?) _____

2. What do you consider the ancestry of your parents? (i.e., French, Egyptian, etc.)

Your Father _____ Your Mother _____

3. Over your lifetime, what has been your primary occupation?

- (1= managerial or professional specialty**
- 2= technical, sales, or administrative support**
- 3= service occupation**
- 4= farming, forestry, or fishing**
- 5= precision production, craft, or repair**
- 6= operator, fabricator, or laborer**
- 7= military**
- 8= nonworker**
- 9= refused to answer)** _____

4. Have you ever smoked cigarettes for a total of 6 months or more?

(Yes, no. If no, skip to 5.) _____

If yes, (a) How old were you when you first started smoking? _____

(b) Over your lifetime of smoking, on the average,

How many packs per day have you smoked?

- (1. $\leq 1/2$ pack**
- 2. $> 1/2, \leq 1$ pack**
- 3. $> 1, \leq 2$ pack**
- 4. > 2 packs)** _____

(c) Do you smoke cigarettes at present?

(Yes, No. If no skip to e) _____

**(d) If you currently smoke, how many cigarettes
a day do you smoke?** _____

(Skip to 5.)

**(e) If you do not smoke currently, how old were you
when you last quit smoking?** _____

**5. Have you ever smoked cigars, a pipe, or chewed tobacco for
a total of 6 months or more?**

(Yes, No. If no, skip to 6.) _____

**If yes, (a) How old were you when you first started smoking
Cigars, a pipe, or chewing tobacco?** _____

(b) Do you now smoke cigars, a pipe, or chew tobacco?

(Yes, no. If yes, skip to 6.) _____

**If no, (c) How old were you when you last quit smoking
cigars, a pipe, or chewing tobacco?** _____

6. Has a doctor ever told you that you have high blood pressure?
(Yes, No. If no, skip to 7.) _____
If yes, (a) The highest blood pressure _____
(b) How long have you been treated? _____
(c) Are you now taking medicine for high blood pressure?
(Yes, No. If no, skip to 7.) _____

If yes, (d) Please specify _____

7. Has a doctor ever told you that you have diabetes (high blood sugar or sugar in your urine)?
(Yes, No. If no, skip to 8.) _____

If yes, (a) How old were you when the doctor first said that you had diabetes? _____
(b) For how many years, if ever, have you been on each of the following treatments:
(0. Never
1. < 5 years
2. ≥5 and <10 years
3. ≥ 10 and <20 years
4. ≥ 20 years)
i. Insulin: _____
ii. Pills: _____
iii. Diet: _____

8. Has a doctor ever told you that you have angina (chest pain due to your heart) and other heart diseases?
(a) Angina? (Yes, No. If no, skip to b) _____
If yes, how long treated..... _____
(b) Other heart diseases (Yes, No. If no, skip to 9.)..... _____
If yes, please specify _____, How long treated _____

9. Have you ever been diagnosed with AMD (age-related macular degeneration)? (Yes, No. If no, skip to 10.) _____
If yes, (a) At what age did you have the onset of symptoms or possible diagnosis first discussed _____
(b) Previous treatment? _____

10. Do you feel that you have a history of long unprotected eye exposure to the sun? (Yes, No. If no, skip to 11.) _____

If yes, please provide details _____

11. To the best of your knowledge, have any of your close blood relatives been diagnosed with AMD? (Yes, No) _____

If yes, (a) Who? _____

(b) When? _____

(c) Treatment? _____