OFFSPRING
OFFEYE DATASET

EYE EXAMINATION

NEI - FOES - EX 1

| 7 | | | | ID |

	MO	DAY	YEAR

Name _____ Date of Birth ☐☐ ☐☐ 1 9 ☐☐

Date of Examination ☐☐ ☐☐ 1 9 ☐☐

Subject's **Ophthalmologist/Optometrist/Physician:**

Name _____

Address _____

_____

_____

1. Loss of an **Eye** (includes **enucleation** and phthisis **bulbi**):

    0 Eye present
    1   Eye absent

    OD ☐   OS ☐

2. Visual Acuity (VA) and Refraction: (code all 8's if eye absent, all 9's if unknown)

    a.1   VA with 'Walk-In' Correction, by Refractometer if Possible:

    | FC | = | 9/400+0 |
    | HM | = | 8/400+0 |
    | LP | = | 7/400+0 |
    | NLP | = | 2/400+0 |

    OD_VA1   OO_VA2   OD_VA3   OS_VA1   OS_VA2   OS_VA3

    OD ☐☐ / ☐☐☐ + ☐   OS ☐☐ / ☐☐☐ + ☐

    a.2   **Done by:**

    0 Refractometer
    1   Projected VA chart

    OD ☐   OS ☐

    OD_DB   OS_DB

    a.3   'Walk-In' Correction:

    0 Nothing
    1   Spectacles
    2 Contact lenses
    8 Eye absent
    9 Unknown

    OD ☐   OS ☐

    OD_WIC   OS_WIC

    b.1   Refractive Error, by Refractometer if Possible:
    (Use trial lenses if refractometer cannot be done or if unreliable for this subject)

    OD_RESP
    OD_RECYL
    OD_REAXI

    OS_RESP
    OS_RECYL
    OS_REAXI

	± Sphere	± Cylinder	Axis
Right Eye	☐☐☐ • ☐☐	☐☐ • ☐☐	☐☐☐
Left Eye	☐☐☐ • ☐☐	☐☐ • ☐☐	☐☐☐

    b.2   Done by:

    0 Refractometer
    1   Trial lenses

    REOB ☐

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c. Best Corrected VA (after refraction):

OS_BCVA1

OD_BCVA1 OD_BCVA2 OD_BCVA3   OS_BCVA2 OS_BCVA3

OD ☐☐ / ☐☐☐ + ☐   OS ☐☐ / ☐☐☐ + ☐

3. a. **Angle** Depth A:
   0 Suspicious
   1 Adequate

   OD   OS
   OD_ADA ☐   ☐ OS_ADA

   If Angle depth A = 1 ⟶ Go to Question 4

   If Angle depth A = 0, the patient should have a slit-lamp exam before dilation and the
   following question **answered:**

   OD   OS

   b. Angle Depth B, by Slit Lamp:
   0 Do NOT dilate
   2 Adequate, dilate

   OD_ADB ☐   ☐ OS_ADB

4. Intraocular Pressure Before Drops:
   88 eyeabsent
   99 unknown

   OD   OS

   OD_IPBD ☐☐ mm Hg.   ☐☐ mm Hg. OS_IPBD

5. Iris Color:
   1 Brown
   2 Mixed
   3 Blue
   8 Eye absent
   9 Unknown

   OD   OS

   OD_IRIS ☐   ☐ OS_IRIS

   Dilating drops instilled at (time): _ _____

6. Pupil Dilation:
   0 Adequate
   2 Inadequate
   3 Dilation Contraindicated
   8 Eye Absent
   9 Unknown

   OD   OS

   OD_PD ☐   ☐ OS_PD

   a. Pupil Size (**mm**):

   OD   OS

   OD_PS ☐   ☐ OS_PS

Slit Lamp Exam:

7. Lens Examination:
   0 Adequate
   2 Inadequate
   6 Aphakia with IOL
   7 Aphakia without **IOL**
   8 Eye absent
   9 Unknown

   OD   OS

   OD_LE ☐   ☐ OS_LE

   If non-aphakic ⟶ Go to Question 8

   If **aphakic:**

   OD_YCS   OS_YCS

   a. Year of Cataract Surgery: OD ☐ 1 9 ☐ ☐   OS ☐ 1 9 ☐ ☐

   Years since cataract surgery

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7 ☐ ☐ ☐ ☐ ID

b.   If IOL is Present:

0   No IOL
1   Ant. chamber
2   Post. chamber
3   Iris clip
8   Eyeabsent
9   unknown

OD   OS

OD_IOL ☐   ☐ OS_IOL

8. Lens Changes:

a.   Decreased Nuclear Lucency:

0   < Standard 1
1   ≥ Standard 1, c Standard 2
2   ≥ Standard 2, < Standard 3
3   ≥ Standard 3
7   Not Applicable
8   Eye Absent
9   Unknown

OD   OS

OD_ONL ☐   ☐ OS_ONL

b.   Cortical Cuneiform Lens Changes:

0   Absent
1   Present < 1/8
2   ≥ 1/8, < 1/4
3   ≥ 1/4, < 1/2
4   > 1/2
7   Not Applicable
8   Eye Absent
9   Unknown

OD   OS

OD_CCLC ☐   ☐ OS_CCLC

c.   Posterior **Subcapsular** Lens Changes:
(Vertical x Horizontal Dimensions, in mm.)
(Use 8x8 for Eye Absent, 9x9 for Unknown)

OD_PSLCV   OS_PSLCV

OD   OS

☐ X ☐   ☐ X ☐

OD_PSLCH   OS_PSLCH

Macular   Examination:

9.   **Adequacy:**

0   Adequate
1   Borderline adequate
2   Inadequate
8   Eye absent
9   Unknown

OD   OS

OD _ADEQ ☐   ☐ OS_ADEQ

10. **Ophthalmoscope** Used:

2   Direct or Volk or camera only
3   Indirect only
4   Both direct and indirect
8   Eye absent.
9   Unknown

OD   OS

OD_OPHT ☐   ☐ OS_OPHT

11. Macular Nevi:

0   Absent
1   Questionable
2   Present
8   Eye absent
9   Unknown

OD   OS

☐   ☐

12. **Foveal** Reflex:

0   None
1   Questionable
2   present, but abnormal
3   Present and normal
8   Eye absent
9   Unknown

OD   OS

☐   ☐

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13. Non-drusen Macular Pigment Disturbance:

          0 None   OD   OS

          1 Questionable   ☐   ☐

          2 Present, subtle

          3 Present, obvious

          4 Present, severe

          8 Eye absent

          9 Unknown

If no macular pigment disturbance ⟶ **Go to Question 14**

If macular pigment disturbance:

  a. Location: 0 Fovea not involved   OD   OS

                           1 Fovea questionably involved   ☐   ☐

                           2 Fovea definitely involved

                           3 Fovea entirely destroyed

                           7 Not applicable

                           8 **Eye absent**

                           9 **Unknown**

If fovea not involved (0) or fovea entirely destroyed (3) ⟶ **Go to Question 14**

  b. If fovea questionably (1) or definitely involved (2,3):

                           1 Increased granularity   OD   OS

                           2 Pigment clumping   ☐   ☐

                           3 Pigment atrophy

                           5 Both

                           7 Not applicable

                           8 Eyeabsent

                           9 Unknown

If increased granularity (1) or pigment clumping (2) only ⟶ **Go to Question 14**

If pigment atrophy (3), or pigment atrophy and pigment clumping (5):

  c. Geographic Atrophy: **2** **< 1/2 disc area**   OD   OS

                           3 $\geq 1/2$ disc area but < 1 disc area

                         "4 ≥ 1 disc area

                         7 Not applicable

                         8 Eyeabsent

                         9 Unknown

14. Macular Drusen: 0 Absent   OD   OS

                           1 Questionable   ☐

                           2 Present, fovea spared or questionably involved   c l

                           3 Present, fovea definitely involved

                           8 Eye absent

                           9 Unknown

If drusen absent (0) ⟶ **Go to Question 15**

If drusen questionable (1) or present (2,3):

  a. Location: **2** **Macular**   OD'   OS

                           3 Peripheral   ☐

                           4 Both macular and peripheral   c l

                           7 Not applicable

                           8 Eye absent, or no drusen, or unknown if drusen

                           9 Location unknown

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b. Estimated Number:

		OD	OS
2	1-9		
3	**10 - 99**	☐	☐
4	100 or more		
7	Not applicable		
8	Eye absent or unknown if drusen		
9	Number unknown		

c. Type:

		OD	OS
0	No soft drusen		
1	Questionable soft drusen	☐	☐
2	Soft drusen but < 20%		
3	Soft drusen but ≥ 20% and < 60%		
4	Soft drusen but ≥ 60%		
'7	Not applicable		
8	Eye absent		
9	unknown		

15. Pigment Epithelial Detachment:

		OD	OS
0	Absent		
1	Questionable	☐	☐
2	**Present,** fovea spared or questionably involved		
3	Present, fovea definitely involved		
8	Eye absent		
9	Unknown		

16. Neurosensory Serous Retinal Elevation:

		OD	OS
0	Absent		
1	Questionable	☐	☐
2	Present, fovea spared or questionably involved		
3	Present, fovea definitely involved		
8	Eye absent		
9	Unknown		

17. Subretinal Hemorrhage:

		OD	OS
0	A b s e n t		
1	Questionable	☐	☐
2	Present, fovea spared or questionably involved		
3	Present, fovea definitely involved		
8	Eye absent		
9	Unknown		

18. Are any of the following abnormalities present that could explain a visual acuity of ≤ 20/30?

1 Yes
2 No
8 **Eye Absent**
9 Questionable

	OD	OS	
a. Age Related Cataract	OD_ARC ☐	☐ OS_ARC	
b. Other Cataract	OD_OC ☐	☐ OS_OC	
c. Age Related Macular Degeneration	☐	☐	
d. Cornea	OD_CRNA ☐	☐ OS_CRNA	
e. Vitreous	OD_VITR ☐	☐ OS_VITR	
Other (Specify _____)	☐	☐	

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Photography:

19. Photography Done?
    - 0 No (Reason _____)
    - 1 Yes, inadequate (Reason _____)
    - 2 Yes, adequate

    $\square$

    a. Is Cdl-back for Photography Recommended?
    - 0 No
    - 1 Yes

    $\square$

Examination Completion (at Slit Lamp):

20. Examiners:
    - 1 ~~Mark Roseman & Peggy Stockman~~
    - 2 ~~Mark Roseman~~
    - 3 ~~Peggy Stockman~~
    - 4 _____
    - 5 _____
    - 9 (Photography not done)

    Clinical Examination $\square$

    Photography $\square$

21. Was patient asked to contact his doctor?
    - 0 No
    - 1 Yes

    CONTCT $\square$

NOTES:

Derived Variables:

LASTEXAM   Most recently completed clinic exam   The most recent Framingham Offspring exam the participant attended prior to the eye exam.

AGE   AGE-CALC: Exam date - Birth date   Age at eye examination