

OFFSPRING  
OFFEYE DATASET

EYE EXAMINATION

NEI - FOES - EX 1

7     ID

Name _____	Date of Birth	MO <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>	YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>
	Date of Examination	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>
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 OD-VA2 OD-VA3 OS-VA1 OS-VA2 OS-VA3

OD   /   +  OS   /   +

a.2 Done by: 0 Refractometer  
1 Projected VA chart

OD-DB   OS   OS-DB

a.3 'Walk-In' Correction: 0 Nothing  
1 Spectacles  
2 Contact lenses  
8 Eye absent  
9 Unknown

OD-WIC   OS   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

	+	Sphere	+	Cylinder	Axis
Right Eye	<input type="text"/>	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Left Eye	<input type="text"/>	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

OS-RESP  
OS-RECYL  
OS-REAXI

b.2 Done by: 0 Refractometer  
1 Trial lenses

REDB

7     ID

c. Best Corrected VA (after refraction):

OD   /    +  OS   /    +

*Handwritten labels: OD-BCVA1, OD-BCVA2, OD-BCVA3, OS-BCVA1, OS-BCVA2, OS-BCVA3*

3. a. Angle Depth A:

0 Suspicious  
1 Adequate

OD  OS

*Handwritten labels: 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:

b. Angle Depth B, by Slit Lamp:

0 Do NOT dilate  
2 Adequate, dilate

OD  OS

*Handwritten labels: OD-ADB, OS-ADB*

4. Intraocular Pressure Before Drops:

88 eyeabsent  
99 unknown

OD  mm Hg. OS  mm Hg.

*Handwritten labels: OD-IPBD, OS-IPBD*

5. Iris Color:

1 Brown  
2 Mixed  
3 Blue  
8 Eye absent  
9 Unknown

OD  OS

*Handwritten label: 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

*Handwritten labels: OD-PD, OS-PD*

a. Pupil Size (mm):

OD  OS

*Handwritten labels: 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

*Handwritten labels: OD-LE, OS-LE*

If non-aphakic → Go to Question 8

If aphakic:

a. Year of Cataract Surgery:

OD     OS

*Handwritten labels: OD-YCS, OS-YCS*

*Handwritten note: Years since cataract surgery*

NEI-FOES-EX3

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- 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, < 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 OS  
 X   X   
 OD\_PSLCV OS\_PSLCV  
 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
- 1 Questionable
- 2 Present, subtle
- 3 Present, obvious
- 4 Present, severe
- 8 Eye absent
- 9 Unknown

OD	OS
<input type="text"/>	<input type="text"/>

If no macular pigment disturbance → Go to Question 14

If macular pigment disturbance:

a. Location:

- 0 Fovea not involved
- 1 Fovea questionably involved
- 2 Fovea definitely involved
- 3 Fovea entirely destroyed
- 7 Not applicable
- 8 Eye absent
- 9 Unknown

OD	OS
<input type="text"/>	<input type="text"/>

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
- 2 Pigment clumping
- 3 Pigment atrophy
- 5 Both
- 7 Not applicable
- 8 Eye absent
- 9 Unknown

OD	OS
<input type="text"/>	<input type="text"/>

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
- 3 ≥ 1/2 disc area but < 1 disc area
- 4 ≥ 1 disc area
- 7 Not applicable
- 8 Eye absent
- 9 Unknown

OD	OS
<input type="text"/>	<input type="text"/>

14. Macular Drusen:

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

OD	OS
<input type="text"/>	<input type="text"/>

If drusen absent (0) → Go to Question 15

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

a. Location:

- 2 Macular
- 3 Peripheral
- 4 Both macular and peripheral
- 7 Not applicable
- 8 Eye absent, or no drusen, or unknown if drusen
- 9 Location unknown

OD'	OS
<input type="text"/>	<input type="text"/>

NEI - FOES - EX 5

7     ID

- b. Estimated Number:
- 2 1-9
  - 3 10-99
  - 4 100 or more
  - 7 Not applicable
  - 8 Eye absent or unknown if drusen
  - 9 Number unknown

OD OS

- c. Type:
- 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

OD OS

15. Pigment Epithelial Detachment:
- 0 Absent
  - 1 Questionable
  - 2 Present, fovea spared or questionably involved
  - 3 Present, fovea definitely involved
  - 8 Eye absent
  - 9 Unknown

OD OS

16. Neurosensory Serous Retinal Elevation:
- 0 Absent
  - 1 Questionable
  - 2 Present, fovea spared or questionably involved
  - 3 Present, fovea definitely involved
  - 8 Eye absent
  - 9 Unknown

OD OS

17. Subretinal Hemorrhage:
- 0 Absent
  - 1 Questionable
  - 2 Present, fovea spared or questionably involved
  - 3 Present, fovea definitely involved
  - 8 Eye absent
  - 9 Unknown

OD OS

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 .....~~

*OS-CRNA*

d. Cornea ..... *OD-CRNA*

*OS-VITR*

e. Vitreous .....

~~f. Other (Specify \_\_\_\_\_)~~

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Photography:

19. Photography Done?
- 0 No (Reason \_\_\_\_\_)
  - 1 Yes, inadequate (Reason \_\_\_\_\_)
  - 2 Yes, adequate
- a. is Cdl-back for Photography Recommended?
- 0 No
  - 1 Yes

Examination Completion (at Slit Lamp):

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

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

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