The Nakuru Eye Disease Cohort Study

Study Questionnaire 2013

REFERRALS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes - REFER</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIABETIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance GLASSES</td>
<td>☐</td>
<td>REFER</td>
</tr>
<tr>
<td>CATARACT</td>
<td>☐</td>
<td>REFER</td>
</tr>
<tr>
<td>GLAUCOMA</td>
<td>☐</td>
<td>REFER</td>
</tr>
<tr>
<td>DIABETIC RETINOPATHY</td>
<td>☐</td>
<td>REFER</td>
</tr>
<tr>
<td>OTHER</td>
<td>☐</td>
<td>REFER</td>
</tr>
<tr>
<td>READING GLASSES DISPENSED? POWER</td>
<td>☐</td>
<td>REFER</td>
</tr>
</tbody>
</table>

Answer Questions in the grey boxes

Phase | Section                          | Page | Complete?
      |                                  |      |          
1     | Registration/Demographic Data [A] | 3    | ☐         
      | Autorefraction [B]               | 4    | ☐         

      |                  |              |                       |                          |                   |          
2     | ☐                 | ☐            | ☐                      | ☐                         | ☐                 | ☐         

Page 5-7 8-12 13 14-16 17

All tests above this line must be completed before pupil dilation

Phase | Section                          | Page | Complete?
      |                                  |      |          
3     | Dilated Slit Lamp Examination    | 18-22| ☐         
      | Fundus Camera                    | 23   | ☐         

Mark Tick Boxes using a black biro with a cross “X”, if marked incorrectly, fill in the box and mark the correct box.

e.g. ☒ if incorrect fill the box → ☐
1. A. Demographic data (Registration Desk)

<table>
<thead>
<tr>
<th>Clusters</th>
<th>3 digit number 001-100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Number</td>
<td>2 digit number 01-50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study ID Number</th>
<th>Cluster Number – Individual Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of the examination</th>
<th>Day / Month / Year (dd/mm/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First name</th>
<th>text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>text</td>
</tr>
<tr>
<td>Common name</td>
<td>text</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Number</th>
<th>from ID Card if available</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>from ID Card if available</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Village name</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Whose telephone is this?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>☐ Male (1)</th>
<th>☐ Female (2)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Date / Month / Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dd mm 19 yy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>in years (55+)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ask “mother tongue”</th>
<th>☐ Kikuyu (1)</th>
<th>☐ Kalenjin (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Kisii (3)</td>
<td>☐ Luo (4)</td>
</tr>
<tr>
<td></td>
<td>☐ Luhyia (5)</td>
<td>☐ Masaai (6)</td>
</tr>
<tr>
<td></td>
<td>☐ Kamba (7)</td>
<td>☐ Other (8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest level of Education</th>
<th>☐ Primary (1)</th>
<th>☐ Secondary (2)</th>
<th>☐ College/University (3)</th>
<th>☐ None (4)</th>
</tr>
</thead>
</table>

I have recorded the data onto the form:

Name:  
Date:  

1. B. Refraction (Ophthalmic Nurse)

<table>
<thead>
<tr>
<th>Refraction? (Select ONE only)</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ AutoRefraction possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ AutoRefraction not possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Manual Refraction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refraction Result</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sphere +/- 0.00 (to nearest 0.25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cylinder +/- 0.00 (to nearest 0.25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axis 0-180°</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reliability score (1 to 9)

Print out Autorefraction and attach to back of booklet
2.A. Presenting Vision (Ophthalmic Nurse)

Glasses

(Select ONE only)

☐ Wearing distance glasses (Go to 2.A.a)

☐ Has no distance glasses (Go to 2.A.b)

☐ Forgot distance glasses (Go to 2.A.b)

Wears glasses for reading

☐ Yes

☐ No

Wears aphakic glasses (has had cataract surgery)

☐ Yes

☐ No

2.A.a

Test vision WITH glasses if available. If own glasses not available skip to Question 2.A.b (page 6).

Vision WITH distance or aphakic glasses at 4m

Number of letters seen at 4 meters (0 to 39) R L

If Visual Acuity Recorded at 4 meters (greater than 00) in either eye move to next station
If misses top E at 4m, move to 1m and retest (Record 00 at 4m)

Vision WITH distance or aphakic glasses at 1m (if 00 at 4m)

Number of letters seen at 1 meter (0 to 39) R L

If misses top E at 1m, move to next box (Record 00 at 1m)

If cannot see at 1m

(Select ONE only)

☐ Counting fingers at 1m

☐ Hand Movements

☐ Perception of light

☐ No light perception (in dark)

Right Eye

Left Eye

☐ Counting fingers at 1m

☐ Hand Movements

☐ Perception of light

☐ No light perception (in dark)

(Select ONE only)

2.A.b (not needed if vision was tested with own glasses)

Vision WITHOUT glasses at 4m

Number of letters seen at 4 meters (0 to 39) R L

If Visual Acuity Recorded at 4 meters (greater than 00) in either eye move to next station
If misses top E at 4m, move to 1m and retest (Record 00 at 4m)

Vision WITHOUT glasses at 1m (if 00 at 4m)

Number of letters seen at 1 meter (0 to 39) R L

If misses top E at 1m, move to next box (Record 00 at 1m)

If cannot see at 1m

(Select ONE only)

☐ Counting fingers at 1m

☐ Hand Movements

☐ Perception of light

☐ No light perception (in dark)

Right Eye

Left Eye

☐ Counting fingers at 1m

☐ Hand Movements

☐ Perception of light

☐ No light perception (in dark)
### 2.A.c

**Is Best Corrected Visual Acuity (Wearing refraction results) Indicated**

- Not indicated (could read 25 or more letters in the best eye)
- Indicated (could not read 25 or more letters in the best eye, refraction not available therefore use pinhole).

**Move patient to next station (miss page 7)**

**NOW TEST BEST CORRECTED/PIN HOLE VISUAL ACUITY IF LESS THAN 25 LETTERS SEEN IN BETTER EYE**

**How was corrected vision tested (Select ONE only)**

- CORRECTED WITH LENSES
- CORRECTED WITH PINHOLE
- CORRECTED VISION NOT TESTED

**BEST CORRECTED VISUAL ACUITY AT 4m**

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Move to next station if Best Corrected Visual Acuity Recorded at 4 meters (greater than 00)

If misses top E at 4m, move to 1m and retest (Record 00 at 4m)

**BEST CORRECTED VISUAL ACUITY AT 1m**

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If misses top E at 1m, Record 00 at 1m

I have recorded the data onto the form:

Name  
Date

### 2.B. General Health (Nurse/Interviewer)

**Have you ever been diagnosed with diabetes?**

- Yes (1)
- No (2)

If NO, go to next question

**How long ago were you diagnosed with diabetes?**

Years (01 – 99)

If less than one year, enter “01”

**Are you receiving treatment for diabetes? (select ALL that apply)**

- Yes, insulin (1)
- Yes, tablets (2)
- Yes, diet (3)
- Yes, traditional (4)
- No (5)

**Have you ever been diagnosed with high blood pressure?**

- Yes (1)
- No (2)

If NO, go to next question

**How long ago were you diagnosed with high blood pressure?**

Years (if less than 1 year mark “0”)

**Are you receiving treatment for high blood pressure? (select ALL that apply)**

- Yes, tablets (1)
- Yes, diet (2)
- Yes, traditional (3)
- No (4)

**Have you been diagnosed or are you suffering from any of the following? (tick all that apply)**

- Renal Disease (1)
- Heart Disease (2)
- Foot Ulcers (3)
- None (4)

Did/Do your mother have any of the following?

- Diabetes (1)
- High Blood Pressure (2)
- Blinding eye condition (3)
- Not sure/None (4)

Did/Do your father have any of the following?

- Diabetes (1)
- High Blood Pressure (2)
- Blinding eye condition (3)
- Not sure/None (4)

Did/Do your siblings have any of the following?

- Diabetes (1)
- High Blood Pressure (2)
- Blinding eye condition (3)
- Not sure/None (4)
### 2.B. continued: Blood Pressure (Nurse)

#### Take First and Second Blood Pressure Measurements

<table>
<thead>
<tr>
<th>Episode</th>
<th>Systolic (00 to 250)</th>
<th>Diastolic (00 to 250)</th>
<th>Pulse (00 to 250)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Blood Pressure Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Blood Pressure Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wait ten minutes between readings. Ensure patient is resting, sitting and no talking whilst BP being taken.

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#### Alcohol Consumption

- Do you drink alcohol? [ ]
  - Daily/Most days (1)
  - Weekend only (2)
  - 1-2 times per month (3)
  - Special occasions only (4)
  - Never (5)
  - Former (>6 months) (6)

- Have you ever smoked? [ ]
  - Never (1)
  - Former (stopped >6 months ago) (2)
  - Current (in last 6 months) (3)

- If "Never", skip to next question:
  - Age at starting years
  - Duration of use years
  - Number of days per week days (max 07)
  - Number smoked per day

---

#### Tobacco Use

- Have you ever chewed tobacco? [ ]
  - Never (1)
  - Former (stopped >6 months ago) (2)
  - Current (in last 6 months) (3)

- If "Never", skip to next page:
  - Age at starting years
  - Duration of use years
  - Number of days per week days (max 07)
  - Number chewed per day

---

#### Snuffing Tobacco

- Have you ever snuffed tobacco? [ ]
  - Never (1)
  - Former (stopped >6 months ago) (2)
  - Current (in last 6 months) (3)

- If "Never", skip to next question:
  - Age at starting years
  - Duration of use years
  - How many days used per week days (max 07)
  - How many times used per day
2.B. Socioeconomic Status (Nurse/Interviewer)

In the last month have you had a job other than working in the field owned or rented by the household?

☑ Yes (1) ☐ No (2)

Major external wall material of your home (Select ONE only)

☐ Brick (1) ☐ Concrete Block (2) ☐ Stone (3)
☐ Unbaked brick (4) ☐ Wood/logs (5) ☐ Tin, zinc sheeting (6)
☐ Flattened tin cans (7) ☐ Mud (8) ☐ Stone and Mud (9)
☐ Canvas/Felt (10) ☐ Other (11)

Primary Roof Material of your home (Select ONE only)

☐ Concrete (1) ☐ Shingles (2) ☐ Asbestos Sheets (3)
☐ Metal Sheets (4) ☐ Tile (5) ☐ Wood (6)
☐ Unbaked bricks (7) ☐ Thatch (8) ☐ Other (9)

Primary Floor Material of your home (Select ONE only)

☐ Parquet (1) ☐ Painted wood (2) ☐ Tile (3)
☐ Linoleum (4) ☐ Concrete (5) ☐ Clay/earthen floor (6)
☐ Other (7)

Where is the toilet? (Select ONE only)

☐ Inside dwelling (1) ☐ Outside dwelling – in compound (2)
☐ Outside dwelling – outside compound (3) ☐ Not Applicable/no access to a toilet (uses bush etc) (8)

Type of toilet? (Select ONE only)

☐ Flush Toilet (1) ☐ Traditional latrine (2) ☐ Improved pit latrine with ventilation (VIP) (3)
☐ Bowl/Bucket (4) ☐ Other (5) ☐ No toilet (6)

Household assets (Select ALL that apply)

☐ Radio/Hifi ☐ Sewing machine
☐ TV/VCR/DVD ☐ Table
☐ Fridge/Freezer ☐ Bicycle
☐ Telephone/cell phone ☐ Washing machine
☐ Cupboard ☐ Motor vehicle/car
☐ Sofaset/armchair ☐ Motorbike

How many of the following animals do you possess?
Enter “0” if none

Cows?
Sheep?
Pigs?
Chicken/ducks?

Blood Pressure

Third Blood Pressure Reading
Systolic (00 to 250) Diastolic (00 to 250) Pulse (00 to 250)

Treatment history and barriers to uptake (Nurse/Interviewer)

Previous Eye Surgery (Select ALL that apply)

Right Eye Left Eye
☐ Cataract Surgery ☐ Cataract Surgery
☐ Eye lid surgery (Trachoma) ☐ Eye lid surgery (Trachoma)
☐ Glaucoma Surgery ☐ Glaucoma Surgery
☐ Other ☐ Other
☐ No Surgery ☐ No Surgery

Current regular medicine for the eyes (Select ALL that apply)

Right or Left Eyes
☐ Antibiotics
☐ Steroids
☐ Anti-Glaucoma
☐ Lubricant
☐ Other
☐ No medicines
2.C. Anthropometry (Nurse)

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height in cm (no dp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight in kg (1 dp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Fat %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle Mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone MASS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Body Water %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visceral Fat Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist circumference in cm (no dp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip circumference in cm (no dp)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Random blood sugar mmol/L 0.0 to 35.0

If > 11.1 mmol/l HbA1c (%) Enter number on screen (<4 or >13 may be shown)

I have recorded the data onto the form:

Name Date

2.D. Anterior Segment Examination (Ophthalmologist)

<table>
<thead>
<tr>
<th>Relative Afferent Pupil Defect</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not able</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pterygium present and extent

<table>
<thead>
<tr>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pterygium</td>
<td>No Pterygium</td>
</tr>
<tr>
<td>Pterygium – Cornea NOT involved</td>
<td>Pterygium – Cornea NOT involved</td>
</tr>
<tr>
<td>Pterygium – Cornea Involved</td>
<td>Pterygium – Cornea Involved</td>
</tr>
</tbody>
</table>

mm in to cornea from limbus (0-12)
### Anterior Segment

**Mark ALL that apply**

- [ ] Pseudoexfoliation
- [ ] Iris Trans illumination
- [ ] Krukenberg’s Spindle
- [ ] Evidence of previous inflammation
- [ ] None of the above

### 2.D. continued

<table>
<thead>
<tr>
<th>Corneal scarring grade</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ NO Opacity</td>
<td>☐ NO Opacity</td>
<td></td>
</tr>
<tr>
<td>☐ Opacity not entering central 4mm (C1)</td>
<td>☐ Opacity not entering central 4mm (C1)</td>
<td></td>
</tr>
<tr>
<td>☐ Opacity within central 4mm but not entering within the central 1mm of the cornea. The pupil margin is visible through the opacity (C2a)</td>
<td>☐ Opacity within central 4mm but not entering within the central 1mm of the cornea. The pupil margin is not visible through the opacity (C2b)</td>
<td></td>
</tr>
<tr>
<td>☐ Opacity within central 4mm and entering within the central 1mm of the cornea. The pupil margin is visible through the opacity (C2c)</td>
<td>☐ Opacity within central 4mm and entering within the central 1mm of the cornea. The pupil margin is not visible through the opacity (C2d)</td>
<td></td>
</tr>
<tr>
<td>☐ Opacity large enough and dense enough to make whole pupil margin invisible (C3)</td>
<td>☐ Opacity large enough and dense enough to make whole pupil margin invisible (C3)</td>
<td></td>
</tr>
<tr>
<td>☐ Phthisis (C4)</td>
<td>☐ Phthisis (C4)</td>
<td></td>
</tr>
</tbody>
</table>

### Van Herick's

<table>
<thead>
<tr>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ACD = 0 or negligible (0)</td>
<td>☐ ACD = 0 or negligible (0)</td>
</tr>
<tr>
<td>☐ ACD ≤1/4 cornea (1)</td>
<td>☐ ACD ≤1/4 cornea (1)</td>
</tr>
<tr>
<td>☐ ACD = 1/4 cornea (2)</td>
<td>☐ ACD = 1/4 cornea (2)</td>
</tr>
<tr>
<td>☐ ACD =1/4-1/2 cornea (3)</td>
<td>☐ ACD =1/4-1/2 cornea (3)</td>
</tr>
<tr>
<td>☐ ACD &gt;1/2 cornea (4)</td>
<td>☐ ACD &gt;1/2 cornea (4)</td>
</tr>
<tr>
<td>☑ not gradable (9)</td>
<td>☑ not gradable (9)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applanation IOP (mmHg)</th>
<th>99 = not possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
<td>Left Eye</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gonioscopy</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Nil (0)</td>
<td>☐ Nil (0)</td>
<td></td>
</tr>
<tr>
<td>☐ Scwalbe’s line and anterior meshwork (1)</td>
<td>☐ Scwalbe’s line and anterior meshwork (1)</td>
<td></td>
</tr>
<tr>
<td>☐ Posterior pigmented meshwork (2)</td>
<td>☐ Posterior pigmented meshwork (2)</td>
<td></td>
</tr>
<tr>
<td>☐ Scleral Spur (3)</td>
<td>☐ Scleral Spur (3)</td>
<td></td>
</tr>
<tr>
<td>☐ Ciliary Band (4)</td>
<td>☐ Ciliary Band (4)</td>
<td></td>
</tr>
<tr>
<td>☑ not gradable (5)</td>
<td>☑ not gradable (5)</td>
<td></td>
</tr>
</tbody>
</table>

**Safe to dilate?** ☐ Yes ☐ No
### 2.E. Visual Fields (Visual Field Technician)

<table>
<thead>
<tr>
<th>VF completed?</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No – uncooperative</td>
<td>No – uncooperative</td>
<td></td>
</tr>
<tr>
<td>No – poor visual acuity</td>
<td>No – poor visual acuity</td>
<td></td>
</tr>
<tr>
<td>No – machine failure</td>
<td>No – machine failure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification (in the field – by ophthalmologist or OCO)</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Abnormal – definite Glaucoma</td>
<td>Abnormal – definite Glaucoma</td>
<td></td>
</tr>
<tr>
<td>Abnormal – suspect glaucoma</td>
<td>Abnormal – suspect glaucoma</td>
<td></td>
</tr>
<tr>
<td>Abnormal – non-glaucoma</td>
<td>Abnormal – non-glaucoma</td>
<td></td>
</tr>
</tbody>
</table>

Print out Visual Fields and attach to back of booklet

I have recorded the data onto the form and printed the visual fields:

Name

Date

### 3.A. Dilated Examination (Ophthalmologist)

#### WHO CATARACT GRADING (See Document for Reference)

<table>
<thead>
<tr>
<th>Cataract</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select ONE only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[0] No cataract</td>
<td>[0] No cataract</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nuclear</th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select ONE only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[0] Not applicable</td>
<td>[0] Not applicable</td>
<td></td>
</tr>
<tr>
<td>[1] Nuclear 0 [0]</td>
<td>[1] Nuclear 0 [0]</td>
<td></td>
</tr>
</tbody>
</table>
### 3.A. continued

#### POSTERIOR SEGMENT EXAMINATION (1 in 10 participants and those in whom imaging not possible)

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Study ID</th>
</tr>
</thead>
</table>

- **Cortical** (Select ONE only)
  - 0: <1/8, 1/8 to <1/4, 2: ¼ to <1/2, 3: 1/2+
  - Right Eye
  - Left Eye
  - Not applicable
  - Cortical 0 [0]
  - Cortical 1 [1]
  - Cortical 2 [2]
  - Cortical 3 [3]
  - Aphakia [7]
  - IOL [8]
  - Cannot grade [9]

- **Cortical Central? (central 3mm)**
  - Right Eye
  - Left Eye
  - Yes [1]
  - No [2]
  - N/A [3]

- **Posterior Subcapsular (PSC)** (Select ONE only)
  - 0: <1mm
  - 1: >=1mm, <2mm
  - 2: >=2mm, <3mm
  - 3: >=3mm
  - Right Eye
  - Left Eye
  - Not applicable
  - PSC 0 [0]
  - PSC 1 [1]
  - PSC 2 [2]
  - PSC 3 [3]
  - Aphakia [7]
  - IOL [8]
  - Cannot grade [9]

- **Posterior Capsular Opacification (PCO) with IOL**
  - Right Eye
  - Left Eye
  - Yes - within central 3mm [1]
  - No – Clear capsule [2]
  - Not sure [3]
  - Evidence of capsuleotomy [4]
  - Yes – outside central 3mm [5]
  - N/A [9]

#### View of PSED at slit lamp

- Right Eye
- Left Eye
- Clear
- Hazy
- No view

#### Vertical Cup to Disc Ratio

- Right Eye
- Left Eye
- 0.0 to 1.0
- Can not assess

#### VCDR asymmetry (>=0.2)

- Both Eyes
- Yes [1]
- No [2]
- Can not assess [3]

#### Disc Haemorrhage

- Right Eye
- Left Eye
- Yes [1]
- No [2]
- Can not assess [3]

#### Disc Notch

- Right Eye
- Left Eye
- Yes [1]
- No [2]
- Can not assess [3]

#### Disc Atrophy

- Right Eye
- Left Eye
- Yes [1]
- No [2]
- Can not assess [3]
### 3.A. continued

#### Diabetic Retinopathy
- **Right Eye**
  - No diabetic retinopathy
  - Non-proliferative
  - Proliferative/end stage
  - Cannot assess
- **Left Eye**
  - No diabetic retinopathy
  - Non-proliferative
  - Proliferative/end stage
  - Cannot assess

#### Diabetic Maculopathy
- **Right Eye**
  - No diabetic maculopathy
- **Left Eye**
  - No diabetic maculopathy

#### Age Related Maculopathy (ARM)
- **Right Eye**
  - No ARM [1]
  - Drusen [2]
  - Hypo/hyper pigmentation [3]
  - Can not assess [4]
- **Left Eye**
  - No ARM [1]
  - Drusen [2]
  - Hypo/hyper pigmentation [3]
  - Can not assess [4]

#### Age Related Macular Degeneration (ARMD)
- **Right Eye**
  - No ARMD
  - Dry or Geographic
  - Wet/Neovascular/Disciform
  - Can not assess
- **Left Eye**
  - No ARMD
  - Dry or Geographic
  - Wet/Neovascular/Disciform
  - Can not assess

#### Other PSED Pathology
- **Right Eye**
  - Yes
  - No
  - Can not assess
- **Left Eye**
  - Yes
  - No
  - Can not assess

#### If Yes - Specify (free text)
- R
- L

---

### 3.B. Fundus Photography

- **Participant details entered on home screen**
  - Yes
  - No

- **Participant Study ID Number**
  - XXX-XX

- **Camera Failure?**
  - Yes
  - No

#### ANTERIOR SEGMENT & LENS PHOTO
- SIT PATIENT BACK SLIGHTLY ON CHIN REST (3cm)

#### Image clarity
- **Right Eye**
  - Clear
  - Hazy
  - No view
- **Left Eye**
  - Clear
  - Hazy
  - No view

#### FUNDUS PHOTOGRAPH
- **Automatic Mode**
- **Manual if unable**

#### Posterior Segment Image clarity
- **Right Eye**
  - Clear
  - Hazy
  - No view
- **Left Eye**
  - Clear
  - Hazy
  - No view
You are being invited to take part in a research study. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. I will read information to you about this study. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

In the world today there are about 39 million blind people. Approximately half of these people are blind due to cataract, making this the single largest cause of global blindness. In 2007/08 we undertook a survey to investigate how common eye diseases are among older people in Nakuru. This information helps us to plan health services more efficiently. We now want to follow-up the people we examined to see how quickly eye disease progresses and how often new eye disease occurs.

Why have I been chosen?

Every person who was randomly selected for the study 5 years ago (in 2007/2008) is being invited to take part again in the study so we can see what has happened to you over this time.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What is involved in the study?

We will give you a very complete eye examination to look for any problem at the front and inside the eye using several machines. We will also check the pressure in your eye. Some of the examinations will involve contact with your eye. Some drops will be put in your eye so that you feel no pain. We will also put drops in your eyes to make the pupils as big as possible so we can see inside clearly. This will cause blurring of your near vision for a few hours afterwards and so you will not be able to drive or operate dangerous machinery for the rest of the day. The risks and likelihood of side-effects from this procedure is extremely small. We will also collect information about your history of diabetes, high blood pressure, eye diseases, smoking and alcohol all of which affect your eyes.

Your height, weight and blood pressure will be measured. A finger prick blood sample will be taken to check for diabetes, and a swab from the inside of your cheek will be taken to measure genetic material (DNA). This genetic material carries information for making up our bodies and is different in all people. Having DNA samples helps us to understand whether diseases run in the family. The results are unlikely to have any implications for you personally. We will store the DNA for future laboratory research that may be needed.

All information which is collected about you during the course of the research will be kept strictly confidential and your name will never be released.

Should we find that you could benefit from any further eye treatment we will arrange an appointment for you to have treatment done at Nakuru eye unit. If you are found to be diabetic or have high blood pressure we will arrange for you to be seen at the Nakuru provincial hospital. You will have to pay normal hospital fees for some of the treatment at the hospital. It is up to you to decide whether you would like to take up the offer of treatment or not.