

EYEGLOSS PAGE

Item D. These next questions are about eyeglasses and contact lenses.
Does have eyeglasses or contact lenses? (Mark for each person.)

Item D must be asked for all persons 3 years old or over. If under 3 years mark the "under 3" circle.

Person 01	Person 02	Person 03	Person 04	Person 05	Person 06	Person 07	Person 08	Person 09	Person 10
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3	<input type="radio"/> Und 3

FILL ONE EYEGLOSS PAGE (QUESTIONS 1-6) FOR EACH PERSON WITH "YES" MARKED IN ITEM D FOR EYEGASSES OR CONTACT LENSES

Make no mark in this margin

Make no mark in this margin

1. Person number Write in and mark

2. Which does have; eyeglasses, contact lenses or both? Eyeglasses Contact lenses Both V

Question 3 refers to all eyeglasses and contact lenses which a person has. 3a. Are any of eyeglasses (or contact lenses) prescribed for reading and close work? Yes No V

3b. Are any of eyeglasses (or contact lenses) prescribed for seeing distant objects better? Yes No V

If "No" to both 3a and 3b, ask 3c. 3c. What are his eyeglasses (or contact lenses) prescribed for? Reason Or V

If "Yes" in 3a only, ask 4a. 4a. How often does use his eyeglasses (and contact lenses) while reading or doing close work: All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

If "Yes" in 3b only, ask 4b. 4b. How often does use his eyeglasses (and contact lenses) for seeing distant objects: All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

For any other combination of entries in 3a, and 3b, ask 4c. 4c. How often does use his eyeglasses (and contact lenses): All of the time, most of the time, hardly ever, or never? All Most Hardly Never V

Question 5 refers to the FIRST visual aid (eyeglasses or contact lenses) that the person got. 5. About how old was when he got his FIRST pair of eyeglasses (or contact lenses)? Write in and mark

Question 6 refers to the LAST visual aid (eyeglasses or contact lenses) that the person got. 6a. Did obtain his LAST pair of eyeglasses (or contact lenses) during the last 2 years or before that time? During last 2 years -- Ask 6b
More than 2 years -- Stop (0)

Ask 6b, c, and d for all persons examined for eyeglasses during past 2 years. b. Who examined for those eyeglasses (or contact lenses)? Not examined - STOP (9) WASHINGTON USE ONLY

Name of doctor or person

c. Where was he examined?

Name of place

Kind of place

Street address

City State

d. Is the doctor (person) who examined an ophthalmologist or an optometrist?

Ophthalmologist (1)

Optometrist (4)

Other (Describe)

FILL AFTER COMPLETING INTERVIEW.

If person was examined by a doctor or other person not connected with a commercial company, check the telephone directory and mark appropriate circle based on the telephone listing.

Item V:

Not verifiable because -

Address in 6c not in local area (V)

Name not listed in local directory (6)

No entry of name in 6b (V)

Verified and listed as -

Optometrist (4)

Ophthalmologist (MD) (1)

General Practitioner (MD) (2)

Other specialist (MD) (2)

MD, but specially DK (3)

"Doctor" but DK whether MD or Optometrist (5)

Other Specify