RT 73

Section M5 — INTRAOCULAR LENS (IL) PAGE

CHECK ITEM 12 *Enter name and person number from Table MDI.*

3–4 5–6

Name _____

Person No. _____

These next questions are about your lens implant.

1. Do you now have a lens implant in your right eye, left eye, or both eyes? 7

1 ☐ Right eye
2 ☐ Left eye
3 ☐ Both eyes

CHECK ITEM 13 *Enter each eye reported in a separate column, as well as name and person number in CHECK ITEM 12.*

8

_____ Eye

2a. Is the lens implant you NOW have in your [right/left] eye a replacement for a previous lens implant in that eye? 9

1 ☐ Yes
2 ☐ No *(3)*

b. How many times has the lens implant in your [right/left] eye been replaced? 10–11

_____ Times

c. Why did you have the lens implant in your [right/left] eye replaced (the last time)?

If "glaucoma" ask: **Did the glaucoma start after the implant?**

Mark first three mentioned.

Ask for each entry in 2c, except "Normal growth"

d. How long after that lens was implanted was this *(entry in 2c)* first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

00 ☐ Normal growth 12–13

01 ☐ Injury 14–15
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 16

02 ☐ Glaucoma after implant 17–18
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 19

03 ☐ Irritation or inflammation 20–21
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 22

04 ☐ Trouble reading 23–24
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 25

05 ☐ Infection 26–27
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 28

06 ☐ Movement or displacement of the lens 29–30
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 31

07 ☐ Wrong lens power 32–33
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 34

08 ☐ Problem due to corneal transplant 35–36
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 37

88 ☐ Some other reason — *Specify* 38–39

_____
1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days 40

e. How long did you have the lens implant in your [right/left] eye before it was replaced with the one you have NOW? 41–42

97 ☐ Less than 6 months
98 ☐ 6—11 months

_____ Years

f. In what month and year did you get it? 43–46

_____ / 19 _____
Month Year

0000 ☐ Before 1968
9898 ☐ 1968 or later

RT 73

Section M5 —INTRAOCULAR LENS (IL) PAGE — Continued

3a. How long have you had the lens you NOW have in your [right/left] eye? — 47–48

97 ☐ Less than 6 months
98 ☐ 6—11 months
_____ Years

b. In what month and year did you get this one? — 49–52

_____ / 19 _____
Month Year
0000 ☐ Before 1968
9898 ☐ 1968 or later

4. Did your doctor tell you that the lens you NOW have in your [right/left] eye is an experimental lens? — 53

1 ☐ Yes
2 ☐ No
9 ☐ DK

5. Does this lens have a substance in it that absorbs some types of light? — 54

1 ☐ Yes
2 ☐ No
9 ☐ DK

6. Because of the lens implant in your [right/left] eye, did your doctor advise you to wear sunglasses when you are in bright light or sunlight? — 55

1 ☐ Yes
2 ☐ No
9 ☐ DK

Please tell me if you have had any of the following problems or complications with or as a result of the lens you NOW have in your [right/left] eye? — 56

7a. Have you had an infection?

1 ☐ Yes
2 ☐ No } (7c)
9 ☐ DK }

b. How long after your lens was implanted was the infection first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 57

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

c. Have you had any healing problems with the lens you NOW have in your [right/left] eye? — 58

1 ☐ Yes
2 ☐ No } (7e)
9 ☐ DK }

d. How long had you had the lens when the healing problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 59

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

e. Have you had pain, irritation, or inflammation of the inner eye since the [right/left] lens was implanted? — 60

1 ☐ Yes
2 ☐ No } (7g)
9 ☐ DK }

f. How long had you had the lens when the pain, irritation, or inflammation was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 61

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

g. Have you had glaucoma that started after this lens was implanted? — 62

1 ☐ Yes
2 ☐ No } (7i)
9 ☐ DK }

h. How long had you had the lens when the glaucoma was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 63

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

i. Have you had problems with clouding or blurred vision that started after this lens was implanted? — 64

1 ☐ Yes
2 ☐ No } (7k)
9 ☐ DK }

j. How long had you had the lens when the clouding or blurred vision was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 65

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

k. Have you had trouble reading newspaper print that started after this lens was implanted? — 66

1 ☐ Yes
2 ☐ No } (7m)
9 ☐ DK }

l. How long had you had the lens when this trouble was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 67

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

RT 75

Section M5 — INTRAOCULAR LENS (IL) PAGE — Continued

7m. Have you had problems with glare or light streaks that started after this lens was implanted? — 68

1 ☐ Yes
2 ☐ No } (7o)
9 ☐ DK }

n. How long had you had the lens when the glare or light streaks were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 69

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

o. Have you had problems due to wrong lens power (with the lens you NOW have in your [right/left] eye)? — 70

1 ☐ Yes
2 ☐ No } (7q)
9 ☐ DK }

p. How long had you had the lens when the wrong lens power was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 71

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

q. Have you had any other problems or complications with or as a result of the lens you NOW have in your [right/left] eye? — 72

1 ☐ Yes
2 ☐ No } (8)
9 ☐ DK }

r. What were they? — 73–74

Record first three mentioned.

Ask for each entry in 7r.

01 _____

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

s. How long had you had the lens when the *(entry in 7r)* was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 75, 76–77

02 _____

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

78, 79–80

03 _____

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

81, 82

Mark 8a—c or ask:

8a. Have you had problems with your eyes feeling tired when you wake up?

1 ☐ Yes
2 ☐ No } (9)
9 ☐ DK }

b. Did this problem start after the lens was implanted? — 83

1 ☐ Yes
2 ☐ No } (9)
9 ☐ DK }

c. How long had you had the lens when this trouble was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days? — 84

1 ☐ Less than 30 days
2 ☐ 30—90 days
3 ☐ More than 90 days

9. Why did you need to get a lens implant in your [right/left] eye in the first place? — 85, 86, 87

Mark all mentioned.

1 ☐ Cataract
2 ☐ Injury
8 ☐ Other — *Specify*

_____

CHECK ITEM 14

Mark appropriate respondent box and enter relationship to MDI person if proxy. — 88

1 ☐ Self-personal
2 ☐ Self-telephone
3 ☐ Proxy-personal
4 ☐ Proxy-telephone

_____ Relationship

Go to next column or next device. — 89–90

FORM HIS-1A (1988) (4-5-88)