# INTRAOCULAR LENS (IL) PAGE

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

<table>
<thead>
<tr>
<th>Name</th>
<th>3–4</th>
<th>Person No.</th>
<th>6–6</th>
</tr>
</thead>
</table>

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?**
   - [ ] Right eye
   - [ ] Left eye
   - [ ] Both eyes

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

### 2a. Is the lens implant you NOW have in your [right/left] eye a replacement for a previous lens implant in that eye?
   - [ ] Yes
   - [ ] No (S)

### 2b. How many times has the lens implant in your [right/left] eye been replaced?
   - [ ] Normal growth
   - [ ] Glaucoma after implant
   - [ ] Infection
   - [ ] Trouble reading
   - [ ] Irregularity or inflammation
   - [ ] Movement or displacement of the lens
   - [ ] Wrong lens power
   - [ ] Problem due to corneal transplant
   - [ ] Other reason — Specify

<table>
<thead>
<tr>
<th>Eye</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–11</td>
</tr>
</tbody>
</table>

### 2c. Why did you have the lens implant in your [right/left] eye replaced?
- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

### 2d. 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?
- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

### 2e. How long did you have the lens implant in your [right/left] eye before it was replaced with the one you have NOW?
- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

### 2f. In what month and year did you get it?
- [ ] Before 1966
- [ ] 6–11 months
- [ ] 12 months

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### Notes:
- **Normal growth**
- **Glaucoma after implant**
- **Infection**
- **Trouble reading**
- **Irregularity or inflammation**
- **Movement or displacement of the lens**
- **Wrong lens power**
- **Problem due to corneal transplant**
- **Other reason — Specify**
### Section M5 - INTRAOCULAR LENS (IL) PAGE - Continued

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

- [ ] Less than 6 months
- [ ] 6–11 months
- [ ] More than 11 months

**3b. In what month and year did you get this one?**

- [ ] Before 1968
- [ ] 1968 or later

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

- [ ] Yes
- [ ] No
- [ ] DK

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

- [ ] Yes
- [ ] No
- [ ] 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?**

- [ ] Yes
- [ ] No
- [ ] 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?

**7a. Have you had an infection?**

- [ ] Yes
- [ ] No
- [ ] DK

**7b. How long after your lens was implanted was the infection first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

**7c. Have you had any healing problems with the lens you NOW have in your [right/left] eye?**

- [ ] Yes
- [ ] No
- [ ] DK

**7d. How long had you had the lens when the healing problem was first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

**7e. Have you had pain, irritation, or inflammation of the inner eye since the [right/left] lens was implanted?**

- [ ] Yes
- [ ] No
- [ ] DK

**7f. How long had you had the lens when the pain, irritation, or inflammation was first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

**7g. Have you had glaucoma that started after this lens was implanted?**

- [ ] Yes
- [ ] No
- [ ] DK

**7h. How long had you had the lens when the glaucoma was first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

**7i. Have you had problems with clouding or blurred vision that started after this lens was implanted?**

- [ ] Yes
- [ ] No
- [ ] DK

**7j. How long had you had the lens when the clouding or blurred vision was first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days

**7k. Have you had trouble reading newspaper print that started after this lens was implanted?**

- [ ] Yes
- [ ] No
- [ ] DK

**7l. How long had you had the lens when this trouble was first noticed?**

- [ ] Less than 30 days
- [ ] 30–90 days
- [ ] More than 90 days
### Section M5 — INTRAOCULAR LENS (IL) PAGE — Continued

#### 7m. Have you had problems with glare or light streaks that started after this lens was implanted?
- Yes
- No
- DKJ

#### 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?
- Less than 30 days
- 30–90 days
- 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)?
- Yes
- No
- DKJ

#### 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?
- Less than 30 days
- 30–90 days
- 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?
- Yes
- No

#### r. What were they?
- Record first three mentioned.
- Ask for each entry in 7r.

#### s. How long had you had the lens when the trouble was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?
- Less than 30 days
- 30–90 days
- More than 90 days

#### 8a. Have you had problems with your eyes feeling tired when you wake up?
- Yes
- No
- DKJ

#### 8b. Did this problem start after the lens was implanted?
- Yes
- No
- DKJ

#### 8c. 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?
- Less than 30 days
- 30–90 days
- More than 90 days

#### 8d. Why did you need to get a lens implant in your [right/left] eye in the first place?
- Cataract
- Injury
- Other — Specify

### CHECK ITEM 14
Mark appropriate respondent box and enter relationship to MDJ person if proxy.

- Self-personal
- Self-telephone
- Proxy-personal
- Proxy-telephone

Go to next column or next device.