

# i-Share

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Internet-based **St**udents **HeAl**th Research Enterprise

*Ophthalmology Check-Up Questionnaire*

## Step 1: General Information and Questions

### ▪ General questions

Q1. Do you wear glasses or contact lenses?

- ☐ Yes
- ☐ No

➤ If yes

Q1.1 The volunteer forgot their glasses/lenses:

- ☐ Yes
- ☐ No

Q2. Any disabilities?

- ☐ Yes
- ☐ No

➤ If yes

Q2.1 Please specify:

- ☐ Visual
- ☐ Auditory
- ☐ Motor
- ☐ Other

➤ If Other

Q2.1.1 Please specify: .....

### ▪ Ocular migraine

Q3. Do you have frontal headaches (pains in the forehead, eyeball)?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q4. Do you have headaches at the end of the day after working at the computer, after reading for part of the day, or after having particularly strained your near vision?

- ☐ Yes
- ☐ No
- ☐ Don't know

### ▪ Testing eye pressure using an air puff tonometer

Q5. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes

Q5.1 Pressure in right eye: |\_\_|\_\_| (float: 0 to 40 inclusive)

Q5.2 Pressure in left eye: |\_\_|\_\_| (float: 0 to 40 inclusive)

➤ If no

Q5.3 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q5.3.1 Please specify:.....

## ▪ Refractometer

Q6. Exam carried out?

- Yes
- No

➤ If yes

Q6.1 Skiascopy, right eye

Q6.1.1 Sphere: +/- |\_\_|\_\_| (float: -15 to 15)

Q6.1.2 Cylinder (-): |\_\_|\_\_| (float: 0 to 10)

Q6.1.3 Axis (degrees): |\_\_|\_\_|\_\_| (float: 0 to 180)

Q6.2 Skiascopy, left eye

Q6.2.1 Sphere: +/- |\_\_|\_\_| (float: -15 to 15)

Q6.2.2 Cylinder (-): |\_\_|\_\_| (float: 0 to 10)

Q6.2.3 Axis (degrees): |\_\_|\_\_|\_\_| (float: 0 to 180)

Q6.3 Keratometry R1

Q6.3.1 Right eye |\_\_|\_\_| mm (float: 6 to 12)

Q6.3.2 Left eye |\_\_|\_\_| mm (float: 6 to 12)

Q6.4 Keratometry R2

Q6.4.1 Right eye |\_\_|\_\_| mm (float: 6 to 12)

Q6.4.2 Left eye |\_\_|\_\_| mm (float: 6 to 12)

➤ If no

Q6.5 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q6.5.1 Please specify:.....

## Step 2: Visual acuity

Q7. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes

### ▪ LogMAR ETDRS

Q7.1 Number of letters according to ETDRS: Right eye |\_\_|\_\_| (range: 0 to 120)

Q7.2 Number of letters according to ETDRS: Right eye |\_\_|\_\_| (range: 0 to 120)

Q7.3 Snellen equivalent: Right eye /20 |\_\_|\_\_|\_\_|

Q7.4 Snellen equivalent: Left eye /20 |\_\_|\_\_|\_\_|

### ▪ Near vision (Parinaud test)

Q7.5 Right eye |\_\_|\_\_|\_\_| (range: 2 to 20)

Q7.6 Left eye |\_\_|\_\_|\_\_| (range: 2 to 20)

➤ If no

Q7.7 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

➤ If Other

Q7.7.1 Please specify:.....

### Step 3: Blood pressure 1st measure

Q8. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes

Q8.1 On which arm?

- ☐ Right arm
- ☐ Left arm

Q8.2 PAS = |\_\_| |\_\_| |\_\_| mmHg *(float: 8 to 25 inclusive)*

Q8.3 PAD = |\_\_| |\_\_| |\_\_| mmHg *(float: 4 to 12 inclusive)*

Q8.4 Pulse = |\_\_| |\_\_| |\_\_| beats per minute

➤ If no

Q8.5 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

➤ If Other

Q8.5.1 Please specify .....

## Step 4: Determining the dominant eye

Q9. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes

Q9.1 Dominant eye:

- ☐ Right
- ☐ Left

➤ If no

Q9.2 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

➤ If Other

Q9.2.1 Please specify:.....

## Step 5: OCT of Right and Left Eye

### ▪ OCT of Right Eye

Q10. Exam carried out?

- ☐ Yes
- ☐ No
- ☐ Not interpretable (No = 0, Yes = 1, not interpretable = 9)

#### ➤ If yes or not interpretable

Q10.1 Macular cube:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

Q10.2 Papilla cube:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

Q10.3 Horizontal HD cut:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

#### ➤ If no

Q10.4 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

#### ➤ If Other

Q10.4.1 Please specify:.....

### ▪ OCT of Left Eye

Q11. Exam carried out?

- ☐ Yes
- ☐ No
- ☐ Not interpretable (No = 0, Yes = 1, not interpretable = 9)

#### ➤ If yes or not interpretable

Q11.1 Macular cube:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

Q11.2 Papilla cube:

- ☐ Yes
- ☐ No (not done = 0, done = 1)



Q11.3 Horizontal HD cut:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

➤ If no

Q11.4 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

➤ If Other

Q11.4.1 Please specify .....

## Step 6: Retinal photo of right and left eye

### ▪ Right Eye

Q12. Exam carried out?

- ☐ Yes
- ☐ No
- ☐ Not interpretable (No = 0, Yes = 1, not interpretable = 9)

#### ➤ If yes or not interpretable

Q12.1 Papilla photo:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

Q12.2 Macular photo:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

#### ➤ If no

Q12.3 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

#### ➤ If Other

Q12.3.1 Please specify:.....

### ▪ Left Eye

Q13. Exam carried out?

- ☐ Yes
- ☐ No
- ☐ Not interpretable (No = 0, Yes = 1, not interpretable = 9)

#### ➤ If yes or not interpretable

Q13.1 Papilla photo:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

Q13.2 Macular photo:

- ☐ Yes
- ☐ No (not done = 0, done = 1)

#### ➤ If no

Q13.3 Exam not carried out:

- ☐ Volunteer refused
- ☐ Technical problem
- ☐ Other

#### ➤ If Other

Q13.3.1 Please specify:.....

## Step 7: Ophthalmology

Q14. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes

### ▪ Over the last 24 hours

Q14.1 How many glasses of alcohol have you consumed? (number of glasses)

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 6-10
- ☐ >10
- ☐ Don't know

Q14.2 How much tobacco have you consumed? (number of cigarettes)

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-30
- ☐ 31-40
- ☐ >40
- ☐ Don't know

### ▪ Ophthalmic history

Year of last visit to an ophthalmologist

Q14.3 Have you visited an ophthalmologist?

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q14.3.1 In which year? I\_\_I\_\_I\_\_I\_\_I

Q14.4 Have you ever suffered from an eye disease?

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q14.4.1 Which one(s)? .....

■ **Family ophthalmologic history**

Q14.5.1 Father

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.1.1 Please specify: .....

Q14.5.2 Mother

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.2.1 Please specify: .....

Q14.5.3 Paternal grandfather

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.3.1 Please specify: .....

Q14.5.4 Maternal grandfather

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.4.1 Please specify:  
.....

Q14.5.5 Paternal grandmother

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.5.1 Please specify: .....

Q14.5.6 Maternal grandmother

- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Other

➤ If Other

Q14.5.6.1 Please specify: .....

➤ **If no**

Q14.23 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ **If Other**

Q14.23.1 Please specify:

.....

## Step 8: ENT history

### ▪ Family history

#### **Father**

Q15. Deafness

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q15.1 Cause: .....

Q15.2 Other hearing problem:

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q15.2.1 Which? .....

#### **Mother**

Q16. Deafness

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q16.1 Cause: .....

Q16.2 Other hearing problem:

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q16.2.1 Which? .....

### ▪ Personal history

Q17. Have you ever suffered from an auditory disease?

- ☐ Yes
- ☐ No
- ☐ Don't know

➤ If yes

Q17.1 Which one(s)? .....

## Step 9: Hearing

Q18. Do you have a hearing problem?

- ☐ Yes, I have a little difficulty
- ☐ Yes, I'm partially deaf
- ☐ Yes, I'm completely deaf
- ☐ No

➤ If yes

Q18.1 Do you use a hearing aid?

- ☐ Yes
- ☐ No

Q18.2 Do your hearing problems cause you difficulties in your daily life (during lessons, with your friends, on the phone, etc.)?

- ☐ Yes
- ☐ No

Q18.3 Have you spoken to a doctor (GP or ENT specialist) about it?

- ☐ Yes
- ☐ No

Q19. Have you had buzzing or whistling noises (tinnitus) in your ears?

- ☐ Yes, that happens sometimes
- ☐ Yes, constantly
- ☐ Don't know
- ☐ No

➤ If yes

Q19.1 For how long?

- ☐ Less than a year
- ☐ 1-5 years
- ☐ More than 5 years

Q19.2 Have you spoken to a doctor (GP or ENT specialist) about this hearing problem?

- ☐ Yes
- ☐ No

➤ If yes

Q19.3 Was there a diagnosis?

- ☐ Yes
- ☐ No

➤ If yes

Q19.3.1 Please specify: .....

Q20. Compared to other people your age, do you have trouble following a conversation in a noisy environment (such as a restaurant) or in a conversation with multiple people?

- ☐ Yes

- No
- Don't know

Q21. Have you ever worked in a noisy environment where you need to shout to be heard?

- Never
- Yes, for less than 6 months
- Yes, for 6-11 months
- Yes, for 1-5 years
- Yes, for over 5 years

### Step 10: Blood pressure 2nd measure

Q22. Exam carried out?

- Yes
- No



➤ If yes

Q22.6 On which arm?

- Right arm
- Left arm

Q22.1 PAS = |\_\_|\_\_|\_\_| mmHg

Q22.2 PAD = |\_\_|\_\_|\_\_| mmHg

Q22.3 Pulse = |\_\_|\_\_|\_\_| beats per minute

➤ If no

Q22.4 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q22.4.1 Please specify: .....

## Step 11: Anthropometric measurements

### ▪ Weight

Q23. Weight measured?

- ☐ Yes
- ☐ No

➤ If yes

Q23.1 |\_\_|\_\_|. |\_\_|\_\_| kg

➤ If no

Q23.2 Please specify: .....

#### ▪ Height

Q24. Height measured?

- ☐ Yes
- ☐ No

➤ If yes

Q24.1 |\_\_|\_\_|\_\_| cm

➤ If no

Q24.2 Please specify: .....

#### ▪ Waist size

Q25. Waist measured?

- ☐ Yes
- ☐ No

➤ If yes

Q25.1 |\_\_|\_\_|\_\_| cm

➤ If no

Q25.2 Please specify: .....

#### ▪ Hip measurement

Q26. Hips measured?

- ☐ Yes
- ☐ No

➤ If yes

Q26.1 |\_\_|\_\_|\_\_| cm

➤ If no

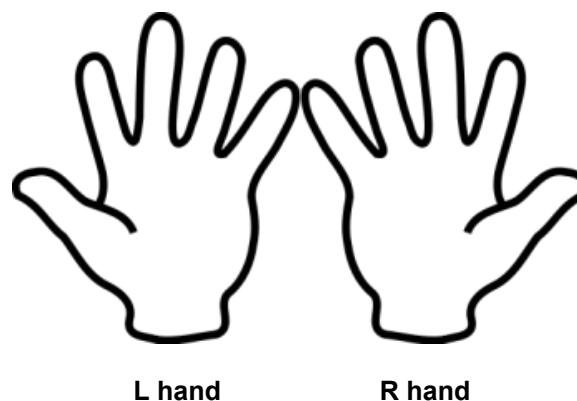
Q26.2 Please specify: .....

### Step 12: Finger counting tests

Q27. Exam carried out?

- ☐ Yes
- ☐ No

➤ If yes



#### Q27.1 Hands

- L hand → R hand
- R hand → L hand

#### Q27.2 Fingers

- TIMRiLi - TIMRiLi
- LiRiMIT - LiRiMIT
- LiRiMIT - TIMRiLi
- TIMRiLi - LiRiMIT
- Other

➤ If Other

Q27.2.1 Please specify: .....

[T = Thumb; I = Index; M = Middle; Ri = Ring; Li = Little]

➤ If no

#### Q27.3 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q27.3.1 Please specify: .....

## Step 13: IOL Master

### ▪ Right Eye

Q28. Exam carried out?

- Yes
- No (No = 0, Yes = 1, not interpretable = 9)

➤ If no

Q28.1 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q28.1.1 Please specify .....

#### ▪ Left Eye

Q29. Exam carried out?

- Yes
- No (No = 0, Yes = 1, not interpretable = 9)

➤ If no

Q29.1 Exam not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q29.1.1 Please specify: .....

### Step 14: Neuropsych tests (on a tablet)

Q30. Tests carried out?

- No
- Yes
- Yes, previously (tests already carried out during another visit)

➤ If no

Q30.1 Tests not carried out:

- Volunteer refused
- Technical problem
- Other

➤ If Other

Q30.1.1 Please specify: .....

Q31. Comment on the visit:

### Step 15: Non-invasive measurement of advanced glycation end products (AGEs) by skin autofluorescence

Q32. Measurement 1 carried out:

- Yes
- No

➤ If yes

Q32.1 Value: I\_\_I. I \_\_I (between 0 and 5)

➤ If no

Q32.2 Reason:

- ☐ Technical problem
- ☐ Melanoderma
- ☐ Refused
- ☐ Tattooed skin
- ☐ Sun cream
- ☐ Other

➤ If Other

Q32.2.1 Please specify: .....

Q33. Measurement 2 carried out:

- ☐ Yes
- ☐ No

➤ If yes

Q33.1 Value: I\_\_I. I \_\_I (between 0 and 5)

➤ If no

Q33.2 Reason:

- ☐ Technical problem
- ☐ Melanoderma
- ☐ Refused
- ☐ Tattooed skin
- ☐ Sun cream
- ☐ Other

➤ If Other

Q33.2.1 Please specify: .....

Q34. Measurement 3 carried out:

- ☐ Yes
- ☐ No

➤ If yes

Q34.1 Value: I\_\_I. I \_\_I (between 0 and 5)

➤ If no

Q34.2 Reason:

- ☐ Technical problem
- ☐ Melanoderma
- ☐ Refused
- ☐ Tattooed skin
- ☐ Sun cream
- ☐ Other

➤ If Other

Q34.2.1 Please specify: .....