

**OHTS Additional Measures: AM**

Coordinating Center use only
Rec'd .....
Log'd .....
Chk'd .....
Entr'd .....

Patient ID:         9

Date:   /   /   19  
mm dd yy

**1. Ethnic Group**

Ask patient: "Do you consider yourself (read list)..."

- 1 American Indian or Alaskan Native 25
- 2 Asian or Pacific Islander
- 3 Black, not of Hispanic origin  
If black, are you, or is either parent or grandparent of Caribbean descent? 1 Yes 2 No 26
- 4 Hispanic
- 5 White, not of Hispanic origin
- 6 Other: \_\_\_\_\_

**2. Exercise**

Ask patient: "Do you currently participate in any regular activity or program (either on your own or in a formal class) designed to improve or maintain your physical fitness?"

- 1 Yes 2 No 27

**3. Smoking**

Ask patient: "Have you smoked 100 or more total cigarettes to date?"

- 1 Yes 2 No 28

If Yes, How many years did you smoke cigarettes at each of the levels below:

- |                    | Duration in Years                         |    |
|--------------------|---|----|
| a. < 1 - 9 per day | <input type="text"/> <input type="text"/> | 29 |
| c. 10-19 per day   | <input type="text"/> <input type="text"/> | 31 |
| d. 20-29 per day   | <input type="text"/> <input type="text"/> | 33 |
| e. 30-39 per day   | <input type="text"/> <input type="text"/> | 35 |
| f. 40 or more      | <input type="text"/> <input type="text"/> | 37 |

**4. Ask patient: "Were you a patient at this clinic center prior to enrolling in the OHTS?"**

- 1 Yes 2 No 39

**5. Ask: "Do any of the following blood relatives have glaucoma?"**

- a. Biological mother ..... 1 Yes 2 No 9 Unknown 40
- b. Biological father ..... 1 Yes 2 No 9 Unknown 41
- c. Biological brother or sister ..... 1 Yes 2 No 9 Unknown 42
- d. Biological aunt or uncle ..... 1 Yes 2 No 9 Unknown 43
- e. Biological grandmother or grandfather ..... 1 Yes 2 No 9 Unknown 44

Form Completed By (PI or CC):    45

END01