Age-Related Macular Degeneration (AMD) Questionnaire

Scope AMD Risk Assessment (SARA)

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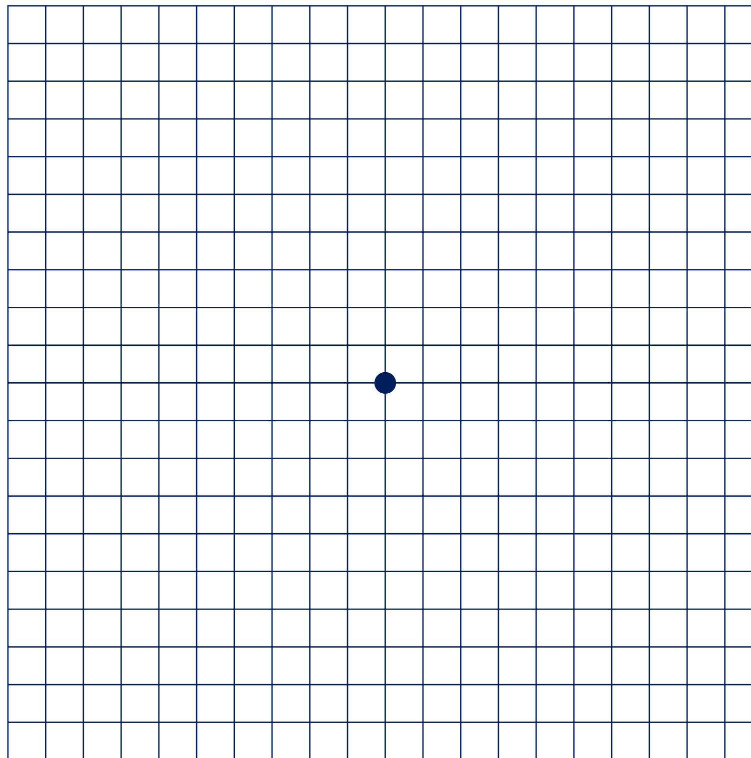
Name:			**Date of birth:** _____ / _____ / _____	
Gender:	☐ Female	☐ Male	☐ Other	

What is your ethnic origin?		☐ Caucasian		☐ Non-Caucasian
Do you have a direct family history of Dry AMD?		☐ Yes		☐ No
Are you a smoker?	☐ No			
	☐ Yes	How many a day? _____		How many years? _____
	☐ Previously smoked	How many years? _____		How many years off? _____
Do you suffer from any of the following?				
☐ High blood pressure	☐ High cholesterol	☐ Heart disease		☐ Diabetes
Do you suffer from any of the following?				
☐ Blurred vision	☐ Dark shadowy areas in vision		☐ Distorted vision (straight lines bend)	
Has there been any recent changes in your vision?		☐ Yes	☐ No	
Is your vision better or worse over the last 12 months?		☐ Better	☐ Worse	☐ Neither
Details:				
Do you have, what you would consider, a healthy diet?		☐ Yes	☐ No	
Do you eat green vegetables?		☐ Yes	☐ No	
Do you take dietary supplements?		☐ Yes	☐ No	
Do you wear sunglasses regularly?		☐ Yes	☐ No	
What is your iris colour?		☐ Blue	☐ Green	☐ Brown ☐ Other
Any other comments:				

Amsler Grid

SCOPE



Wear the eyeglasses you normally wear for reading.

Hold the grid approximately 14 to 16 inches from your eyes.

Test each eye separately: Cup your hand over one eye while testing the other eye.

Keep your eye focused on the dot in the center of the grid and answer these questions:

1. Do any of the lines in the grid appear wavy, blurred or distorted?
2. Do all the boxes in the grid look square and the same size?
3. Are there any “holes” (missing areas) or dark areas in the grid?
4. Can you see all corners and sides of the grid (while keeping your eye on the central dot)?

Switch to the other eye and repeat.

Comments:

Attending Clinician:	**Date:** ________ / ________ / ________