Review of National Survey Data on Eye Health

Vision & Eye Health Surveillance System

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DISCLAIMER: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of NORC at the University of Chicago or the Centers for Disease Control and Prevention.

Introduction

The Vision and Eye Health Surveillance System (VEHSS)

The Centers for Disease Control and Prevention (CDC) issued a cooperative agreement with NORC at the University of Chicago (NORC) to establish a vision and eye health surveillance system (VEHSS) for the nation. The VEHSS initiative aims to combine and analyze multiple existing data sources to address knowledge gaps in vision and eye health surveillance. To achieve this, the project team must identify and prioritize available sources of secondary information, define common outcome indicators, analyze and report outcomes from individual data sources, and resolve methods to harmonize or integrate multiple data sources to produce integrated national and state estimates of condition prevalence and service utilization. As an initial step, the VEHSS team reviewed national surveys for potential inclusion in the surveillance system.

This report provides a high-level overview of the vision and eye-health related questions included in sixteen national surveys. The included surveys are as follows (in alphabetical order):

- 1. American Community Survey
- 2. Behavioral Risk Factors Surveillance System
- 3. Health and Retirement Study
- 4. Longitudinal Supplement on Aging
- 5. Medicare Current Beneficiary Survey
- 6. Medical Expenditure Panel Survey
- 7. National Ambulatory Medical Care Survey
- 8. National Health Interview Survey
- 9. National Health and Nutrition Examination Survey
- 10. National Hospital Ambulatory Medical Care Survey
- 11. National Nursing Home Survey
- 12. National Social Life, Health, and Aging Project
- 13. National Survey of Child and Adolescent Well-Being
- 14. National Survey of Children's Health
- 15. National Survey of Children with Special Health Care Needs
- 16. Survey on Income and Program Participation

This report begins with tables presenting an overview of select aspects of the survey methodology and types of vision-related data collected. Table 1 reflects each survey's overall methodology; depending on individual questionnaire administration as well as question skip patterns, some elements (e.g., sample size and response rate) may vary between modules or questions within each survey. The tables are followed by descriptions of each survey and the vision-related questions each contains between 1999 and 2015. The text describing each survey has been modified directly from the sources noted; a link to the original source is provided under the 'Source' heading for each survey.

Our review indicates that in the US, no standardized set of vision health self-report survey questions exists in the United States. While many surveys ask similar questions about similar domains (i.e., visual functioning, eye disease, healthcare utilization, etc.), question wording both between surveys and between years vary within the same survey. In addition to question wording changes over the multi-year course of a survey, vision-related questions may be added or discontinued. Additionally, our review shows a lack of examination data (see Appendix A); the underreporting by interviewed individuals of un-diagnosed (i.e., unknown) eye disorders or vision loss; and sample restriction (e.g., exclusion of nursing homes).

Table 1. Overview of national survey methodology

		ACS	BRFSS	HRS	LSoA	MCBS	MEPS	NAMCS	NHIS	NHANES	NHAMCS	NNHS	NSHAP	NSCAW	NSCH	NSC- SHCN	SIPP
Nationally Represen		•	•	•	•	•	٠	•	•	•	٠	•	•	٠	٠	٠	•
State-Lev	rel Data	•	•						•						•	•	
Age		All	18+	50+	70+	65+	All	All	All	All*	All	18+	50+	Birth-14	< 18	< 18	All
Continued collection	d vision data expected	٠	•^	۰		•	۰	٠	٠	٠	٠		٠	•	•	•	•
Mode	P = Phone I = In-Person M = Multi- Mode Phys. = Physician	М	Р	Р	М	ı	I+ Phys	Phys.	I	I	Phys.	I	M	I	Р	Р	М
Rspndnt.	H = Household Ind. = Individual C = Caregiver	Н	Ind.	Н	Ind.	Ind.	Н	Ind.	Н	Ind.	Ind.	Н	Ind.	С	С	С	Н
Sample S	_	Over 3 million	506,000	9,600	9,500	40,000	35,100	76,300	87,500	14,300/ 9,800 (int./exam)	31-32,000 (respondent)	8,200	3,400	5,900	95,700	40,200	34,900
Response	e Rate **	97	25-60 (state)	89	69	84-95	53	32-59 (state)	80	71/69 (int./exam)	67-85 (respondent)	93	74	80/94 (respondent)	38/16/23 (frame)	44/15/26 (frame)	65
Primary A	Agency	Census	CDC	NIA	CDC/ NIA	CMS	AHRQ	CDC	CDC	CDC	CDC	CDC	NIA	OPRE	МСНВ	МСНВ	Census

[^] Vision Module data is only available for a subsample of participants age 40 or older *More detailed health examination data is only available for respondents age 25-74.

^{**}Sample size and response rate are rounded and reported for the overall survey for the most recent year that data is available.

 Table 2.
 Overview of National Survey Vision-related Questions

	ACS	BRFSS	HRS	LSoA	MCBS	MEPS	NAMCS	NHIS	NHANES	NHAMCS	NNHS	NSHAP	NSCAW	NSCH	NSC- SHCN	SIPP
Visual Functioning	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Impairment-ACS	•	•		•		•		•			•				•	•
Impairment -Other			•		•	•			•		•	•	•	•	•	
Blind				•	•	•	•	•	•	•		•	•	•		
Муоріа		•	•		•	•		•	•							•
Hyperopia		•	•			•		•	•							
Peripheral Vision								•	•							
Light								•	•							
Aids				•	•	•		•			•	•	•		•	
Length of Problem								•	•				•	•		
Life Impact					•			•	•		•	•				•
Eye Disease		•	•	•	•	•	•	•	•	•						
Cataracts		•	•	•	•		•	•	•	•						
Glaucoma		•	•		•		•	•	•	•						
Macular Degeneration		•			•		•	•	•	•						
Diabetic Retinopathy		•			•	•	•	•	•	•						
Examination Data			•						•			•				
Visual Acuity			•						•			•				
Contrast Sensitivity			•						•							
Cost and Utilization	•	•	•	•	•	•	•	•	•	•				•		
Insurance		•			•		•			•						
Utilization		•	•	•	•	•	•	•	•	•				•		
Costs					•	•										
Income	•	•	•			•		•	•							

American Community Survey

Purpose and Scope:

The American Community Survey (ACS) is an annual U.S. nationwide survey that collects and produces information on demographic, social, economic, and housing characteristics. The ACS provides a consistent and cohesive collection of population, social, housing, and economic characteristics that are comparable across all U.S. geographies.

Sample Design:

The Census Bureau selects a random sample of addresses to be included in the ACS. Each address has about a 1-in-480 chance of being selected in a month, and no address should be selected more than once every 5 years. The 2011 ACS sampled approximately 3.3 million housing unit addresses - this corresponds to an increase in the targeted annual sample size of 3.54 million addresses that began with the June 2011 ACS sample. This increase in the targeted annual sample size has continued, resulting in a 2013 ACS sample of approximately 3.54 million housing unit addresses. The participation rate in 2014 was 96.7% for people living in housing units and 95.9% for people living in group quarters in 2014.

Data Collection Procedures:

The Census Bureau informs people living at an address that they have been selected to participate in the ACS. Shortly thereafter (for most U.S. addresses), instructions for completing the survey online are mailed. In Puerto Rico and some hard to reach areas in the U.S., only a paper questionnaire is mailed. Households are asked to complete the survey online or to mail the completed paper questionnaire back to the Census Bureau's National Processing Center. If the Census Bureau does not receive a completed survey within a few weeks, it will mail an additional paper survey questionnaire.

The telephone follow-up operation is conducted approximately 6 weeks after the survey instructions are mailed. The Census Bureau will attempt to obtain telephone numbers and conduct telephone interviews for all addresses that have not responded online, by mail, or by telephone. Following the telephone operation, a sample is taken from the addresses that have not responded online, by mail, or by telephone, and from those addresses with post office box mail delivery. These addresses are visited by Census Bureau field representatives who will conduct the interview in person. A sample of people living in group quarters facilities, such as college dormitories, nursing homes, and prisons, are also interviewed in person to ensure coverage of everyone in the country.

Notable Features:

The 2008 ACS separated the sensory disability question into one question on blindness and vision impairment and another question on deafness or hearing impairment, as demonstrated in the table below.

Source:

https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf

Vision and Eye Health Variables from the American Community Survey

Table 3. American Community Survey

Variable Name	First Available*	Latest Available	Question	Response Options
DIFFSENS	1999	2007	Does this person have any of the following long- lasting conditions: Blindness, deafness, or a severe vision or hearing impairment?	1 Yes 2 No 0 Not applicable
DIFFEYE	2008	2015	Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	1 Yes 2 No 0 Not applicable

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Behavioral Risk Factors Surveillance System

Purpose and Scope:

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The survey is administered by the Division of Population Health in CDC's Public Health Surveillance Branch; National Center for Chronic Disease Prevention and Health Promotion.

Sample Design:

Home telephone numbers are obtained through random-digit dialing. The inclusion of data from cellular telephone interviews in the BRFSS public release data set has been standard protocol since 2011. Adults 18 years or older are asked to take part in the survey. The number of interviews within each state will vary based on funding and the size of regions, such as health districts, within each state.

Data Collection Procedures:

Currently, data are collected monthly. With technical and methodological assistance from the CDC, state health departments use in-house interviewers or contract with telephone call centers or universities to administer the BRFSS surveys continuously through the year. The states use a standardized core questionnaire, optional modules, and state-added questions. In 2014, 50 states, the District of Columbia, Guam, and Puerto Rico collected samples of interviews conducted both by landline telephone and cellular telephone.

Notable Features:

The need for prevalence estimates at the local level has led to Selected Metropolitan/Micropolitan Area Risk Trends (SMART) BRFSS. With SMART BRFSS, data from the 1997–2000 BRFSS surveys are used to calculate estimates for selected U.S. urban areas with at least 250 completed interviews. This has yielded estimates for nearly 200 metropolitan areas for the 1997–1999 combined data. Sharp increases in sample size since 2000 have allowed for more city- and county-level estimates, increasing from 100 metropolitan/micropolitan statistical areas (MMSAs) in 2002 to 194 MMSAs in 2010.

Source:

http://www.cdc.gov/brfss/about/index.htm

Vision and Eye Health Variables from the Behavioral Risk Factor Surveillance System

Table 4. Behavioral Risk Factor Surveillance System

Variable Name	First Available*	Latest Available	Question	Response Options
Core Compone	nt	_		
CHCVISON	2011	2011	Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?	1 Yes 2 No 3 Respondent is blind 7 Don't know / Not sure 9 Refused
CHCVISN1	2012	2012	Do you have any trouble seeing, even when wearing glasses or contact lenses?	1 Yes 2 No 3 Not applicable (blind) 7 Don't know / Not sure 9 Refused
BLIND	2013	2016	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 3 Not applicable (blind) 7 Don't know / Not sure 9 Refused
Visual Impairme	ent and Access	to Eye Care Mo	dule	
VIMACDEG, VIMACDG2, VIMACDG3	2005	2012	Have you EVER been told by an eye doctor or other health care professional that you had (age-related; 2006-2012) macular degeneration?	1 Yes 2 No 7 Don't know / Not sure 9 Refused
VIGLUCMA, VIGLUMA2, VIGLUMA3	2005	2012	Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused

Variable Name	First Available*	Latest Available	Question	Response Options
VICATRCT, VICTRCT2, VICTRCT3, VICTRCT4	2005	2012	Have you been told by an eye doctor or other health care professional that you NOW have cataracts?	1 Yes 2 Yes, but had them removed No, I had them removed (2012) 3 No 7 Don't know / Not sure 8 Not applicable (blind)(2006) 9 Refused
VIINSUR, VIINSUR2, VIINSUR3	2005	2012	Do you have any kind of health insurance coverage for eye care?	1 Yes 2 No 7 Don't know / Not sure 9 Refused
EYEEXAM, VIEYEEXM, VIEYEXM2, VIEYEXM3	1999	2012	When was the last time you had eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	1 Within the past month (< 1 month ago) 2 Within the past year (1 month but < 12 months ago) 3 Within the past 2 years (1 year but < 2 years ago) 4 2 or more years ago 5 Never (2005-2012) 7 Don't know / Not sure 8 Never 9 Refused
VINOCARE, VINOCRE2	2005	2012	What is the main reason you have not visited an eye care professional in the past 12 months?	1 Cost/insurance 2 Do not have/know an eye doctor 3 Cannot get to the office/clinic (too far away, no transportation) 4 Could not get an appointment 5 No reason to go 6 Have not thought of it 7 Other 8 Not applicable (Blind) 77 Don't know / Not sure 99 Refused

Variable Name	First Available*	Latest Available	Question	Response Options
VIPRFVST, VIPRFVS2, VIPRFVS3	2005	2012	When was the last time you visited ANY eye care professional? When was the last time you had your eyes examined by any doctor or eye care provider? (2006-2012)	1 Within the past month (< 1 month ago) 2 Within the past year (1+ month but < 12 months ago) 3 Within the past 2 years (1+ years but < 2 years ago) 4 2 or more years ago 5 Never 7 Don't know / Not sure 9 Refused
VISNREAD	1999	1999	How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?	1 All of the Time 2 Most of the Time 3 Some of the Time 4 A Little Bit of the Time 5 None of the Time 7 Don't know / Not sure 9 Refused
VIREADIF, VIREDIF2, VIREDIF3	2005	2005	How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers? Would you say:	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Unable to do for other reasons 7 Don't know / Not sure 8 Not applicable (blind) (2006-2012) 9 Refused
VISNDIST	1999	1999	How much of the time does your vision limit you in recognizing people or objects across the street?	1 All of the Time 2 Most of the Time 3 Some of the Time 4 A Little Bit of the Time 5 None of the Time 7 Don't know / Not sure 9 Refused

Variable Name	First Available*	Latest Available	Question	Response Options
VIDIFCLT, VIDFCLT2, VIDFCLT3	2005	2005	How much difficulty, if any, do you have in recognizing a friend across the street? Would you say:	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Unable to do for other reasons 7 Don't know / Not sure 8 Not applicable (blind) (2006-2012) 9 Refused
VISIONTV	1999	1999	How much of the time does your vision limit you in watching television?	1 All of the Time 2 Most of the Time 3 Some of the Time 4 A Little Bit of the Time 5 None of the Time 7 Don't know / Not sure 9 Refused
VITELDIF	2005	2005	How much difficulty, if any, do you have watching television? Would you say:	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Unable to do for other reasons 7 Don't know / Not sure 8 Not applicable (blind) 9 Refused
BLIND	2013	2014	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 7 Don't know / Not sure 9 Refused
Diabetes Module	•			
DIABEYE	2000	2014	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	1 Yes 2 No 7 Don't know / Not sure 9 Refused

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report. In instances where a question has been asked over multiple years, but with more than one variable name, all known variable names are listed; change in wording across years is noted when possible.

Health and Retirement Study

Purpose and Scope:

The University of Michigan Health and Retirement Study (HRS) is a longitudinal panel study that surveys a representative sample of approximately 20,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging and the Social Security Administration, the HRS explores the changes in labor force participation and the health transitions that individuals undergo toward the end of their work lives and in the years that follow.

Since its launch in 1992, the study has collected information about income, work, assets, pension plans, health insurance, disability, physical health and functioning, cognitive functioning, and health care expenditures.

Sample Design:

The HRS sample is selected using a multi-stage area probability sample design. Starting in 1998 the target population was defined as those born in 1947 or before, and thus approximately includes those age 51 and older. Since new cohorts were not added in 2000 or 2002, the target populations were approximately 53 and older in 2000, and 55 and older in 2002. In 2004, a supplementary sample was added to make the total sample representative of those born in 1953 or before, and thus, once again, approximately including those age 51 and older. The mid-baby boom cohort (born 1954-1959) was added in the 2010 wave, and the late baby boom cohort (born 1960-1965) was added in the 2016 wave.

Two of the five samples interviewed to date by HRS, and a majority of a third sample, came from a screening of 69,337 housing units conducted in 1992. That sample of housing units was generated using a multi-stage, clustered area probability frame. Of those housing units, 14% (9,419) were determined to be non-sample (unoccupied, or non-households). In all but 214 of the 59,918 identified households, the eligibility of the household members for inclusion in the HRS, the Asset and Health Dynamics among the Oldest Old (AHEAD) study, or The War Baby (WB) samples was determined, for a screening response rate of 99.6%.

Interviews are sought at each wave not only with the sample of cohort-eligible individuals but also with their current spouse or partner. Those spouses and partners may be of any age.

In addition to the nationally-representative, multi-stage area probability sample (the core sample), the HRS design includes three oversamples. The oversamples are introduced as supplements to the core national sample and are designed to increase the numbers of Black and Hispanic HRS respondents as well as the number of HRS respondents who are residents of the state of Florida.

Data Collection Procedures:

Most of the interviews are done by telephone, although exceptions are made when respondents have health limitations that would make an hour- plus session on the telephone difficult or impossible or when the household had no telephone. The HRS collects information about chronic illness, functional ability, depression, and self-assessed health status, and examines health-related behaviors such as smoking, alcohol use, and exercise. Health care utilization data is also gathered.

Notable Features:

Beginning in 2006, the HRS expanded in an effort to match biological factors with health and social data, including examination data on participants' visual acuity and visual contrast.

Source:

http://hrsonline.isr.umich.edu/

http://hrsonline.isr.umich.edu/sitedocs/databook/HRS Text WEB intro.pdf

Vision and Eye Health Variables from the Health and Retirement Study

Table 5. Health and Retirement Study

Variable Name	First Available*	Latest Available	Question	Response Options
LCO95	2000	2014	Is your eyesight excellent, very good, good, fair, or poor using glasses or corrective lens as usual?	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor 7 Legally Blind 8 Don't Know; Not Ascertained 9 Refused
LCO96	2000	2014	How good is your eyesight for seeing things at a distance, like recognizing a friend across the street, using glasses or corrective lens as usual?	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor 7 Legally Blind 8 Don't Know; Not Ascertained 9 Refused
LCO97	2000	2014	How good is your eyesight for seeing things up close, like reading ordinary newspaper print, using glasses or corrective lens as usual?	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor 7 Legally Blind 8 Don't Know; Not Ascertained 9 Refused
LCO98	2001	2014	Have you ever had cataract surgery? IF REINTERVIEW Have you had cataract surgery since we last talked to you (in R's LAST IW MONTH, YEAR)?	1 Yes 5 No 8 Don't Know; Not Ascertained 9 Refused

Variable Name	First Available*	Latest Available	Question	Response Options
LCO99	2001	2014	Have you had cataract surgery on both eyes or just one?	1 One Eye 2 Both Eyes 8 Don't Know; Not Ascertained 9 Refused
LCO100	2001	2014	Did the cataract surgery (on either eye) include implanting a lens?	1 Yes 5 No 8 Don't Know; Not Ascertained 9 Refused
LCO101	2002	2014	Has a doctor ever treated you for glaucoma?	1 Yes 5 No 8 Don't Know; Not Ascertained 9 Refused

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Longitudinal Supplement on Aging II

Purpose and Scope:

The Second Longitudinal Study of Aging (LSOA II) was a collaborative effort of the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA). The Second Supplement on Aging (SOA II), conducted in conjunction with the 1994 National Health Interview Survey (NHIS), served as the baseline for the study.

Sample Design:

The LSOA II is a prospective study with a nationally representative sample comprised of 9,447 civilian noninstitutionalized persons 70 years of age and over at the time of their SOA II interview. The LSOA II followed this cohort of older persons through two follow-up interviews conducted in 1997-98 and 1999-2000. Baseline geographic indicators include the four major census regions (Northeast, Midwest, South, and West), type of primary sampling unit (based on 1970 census), and SMSA/Non-SMSA residence status.

Data Collection Procedures:

While the baseline interview was administered face-to-face, in the home, by U.S. Census Bureau interviewers, follow-up interviews were administered using Computer Assisted Telephone Interviews (CATI). The LSOA II data files contain either information from sample persons who were living at the time of the follow-up interview (Survivor data files) or information collected from a proxy on behalf of sample persons who were deceased at the time of the follow-up interview (Decedent data files).

Notable Features:

The LSOA II data, when used in conjunction with data from the original LSOA, enables researchers to determine whether the prevalence and incidence of functioning, pathology, and impairments in the elderly population have changed over 10 years, and whether the change is due to differences in cohort characteristics or to technological and medical advancements.

Source:

http://www.cdc.gov/nchs/lsoa/lsoa2.htm

Vision and Eye Health Variables from the Longitudinal Supplement on Aging II

Table 6. Longitudinal Supplement on Aging II

Variable Name	First Available*	Latest Available	Question	Response Options
Survivor Questio	nnaire			
H-5p/	1999	2000	Ever had the following surgeries/test: CATARACT SURGERY	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
H-5p/	1999	2000	Ever had the following surgeries/test: CATARACT SURGERY IN ONE OR BOTH EYES	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
H-8a/	1999	2000	Had (surgery / test) since last interview: CATARACT SURGERY	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know

Variable Name	First Available*	Latest Available	Question	Response Options
H-9d/	1999	2000	As a result of cataract surgery: VISION IMPROVE/SAME/WORSE	1 Improved 2 Stayed the same 3 Got worse 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know Blank Didn't ever have cataract surgery or RF/DK to ever had cataract surgery
E-1/23	1999	2000	Do you now have the following eye conditions: CATARACTS	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
E-1a/	1999	2000	Do you now have the following eye conditions: CATARACTS IN ONE OR BOTH EYES	1 One 2 Both 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know Blank Doesn't have cataract(s) or RF/DK to "Cataracts in one or both eyes"

Variable Name	First Available*	Latest Available	Question	Response Options
E-1b/23c	1999	2000	Do you now have the following eye conditions: GLAUCOMA	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
E-1c/	1999	2000	Do you now have the following eye conditions: BLINDNESS (CATI)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
E-1c/	1999	2000	Do you now have the following eye conditions: BLINDNESS IN ONE OR BOTH EYES (CATI)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
E-2/	1999	2000	Do you now have the following eye conditions: USE EYEGLASSES OR CONTACTS (CATI)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know

Variable Name	First Available*	Latest Available	Question	Response Options
E-3/23f	1999	2000	Do you now have the following eye conditions: USE EYEGLASSES OR CONTACTS (CATI)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
E-4/	1999	2000	Vision better or worse compared to last interview (CATI)	1 Better 2 Worse 3 About the same 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know Blank. Blind in both eyes
/23a	1999	2000	Do you now have the following eye conditions: CATARACTS IN ONE EYE (SAQ)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
/23b	1999	2000	Do you now have the following eye conditions: CATARACTS IN BOTH EYES (SAQ)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know

Variable Name	First Available*	Latest Available	Question	Response Options
/23d	1999	2000	Do you now have the following eye conditions: BLINDNESS IN ONE EYE (SAQ)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know
/23e	1999	2000	Do you now have the following eye conditions: BLINDNESS IN BOTH EYES (SAQ)	1 Yes 2 No 93 Question excluded from SAQ 94 Partial break off 95 Missing because of CATI error 96 Missing (SAQ) 97 Refused 98 Ineligible; Proxy Decedent 99 Don't Know

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Medicare Current Beneficiary Survey

Purpose and Scope:

For more than 20 years, the Medicare Current Beneficiary Survey (MCBS) has been a leading source of information and analysis on the direct impact of the Medicare program on beneficiaries. The survey generates data on total cost and out-of-pocket spending for services provided to beneficiaries, access to services, quality of care, and satisfaction with a program covering 55 million older Americans and individuals under age 65 with disabilities. The MCBS also facilitates analysis of the experiences of specific sub-groups of beneficiaries, the settings in which beneficiaries receive care, dynamics within Medicare managed care plans, and trends in cost and utilization.

Sample Design:

The MCBS is a longitudinal rotating panel survey of a nationally representative sample of aged and disabled Medicare beneficiaries in the U.S. and Puerto Rico. In the MCBS rotating panel design four panels are active in data collection at any given round. Each panel ultimately produces three full years of Cost and Use event data.

Data Collection Procedures:

Each sampled Medicare beneficiary is part of an annual panel that is interviewed three times per year for four consecutive years. Interviews are administered by computer-assisted personal interviewing and facilitated by a national team of field interviewers. Medicare claims are linked to survey-reported events. The resulting files provide complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Participant data can be linked across years, providing up to three calendar years of longitudinal data.

Source:

https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index.html?redirect=/MCBS

Vision and Eye Health Variables from the Medicare Current Beneficiary Survey

Table 7. Medicare Current Beneficiary Survey

Variable Name	First Available*	Latest Available	Question	Response Options
Health Status Fu	inctioning Ques	stionnaire		
ECTROUB	2007	2014	Which statement best describes [your/(SP's)] vision (while wearing glasses or contact lenses)?	1 No trouble seeing 2 A little trouble seeing 3 A lot of trouble seeing 4 No usable vision -8 Don't know -9 Refused
EDOCEXAM	2007	2014	[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.	1 Yes 2 No -8 Don't know -9 Refused
EDOCLAST	2007	2014	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	1 Never had eye exam by eye doctor 2 1 years to less than 2 years 3 2 years to less than 5 years 4 5 years or more -8 Don't know -9 Refused
ECCATOP	2007	2014	[Have you/Has (SP)] ever had an operation for cataracts?	1 Yes 2 No -8 Don't know -9 Refused
ECLEGBLI	2010	2014	[Have you/Has (SP)] been told that (you are/he is/she is) legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]	1 Yes 2 No -8 Don't know -9 Refused

Variable Name	First Available*	Latest Available	Question	Response Options		
EMACULAR	2010	2014	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) hadMacular degeneration or age- related macular degeneration, also called AMD?	1 Yes 2 No -8 Don't know -9 Refused		
ECATARAC	2010	2014	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) hadCataracts?	1 Yes 2 No -8 Don't know -9 Refused		
ERETINOP	2010	2014	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) hadDiabetic retinopathy?	1 Yes 2 No -8 Don't know -9 Refused		
EGLAUCOM	2010	2014	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) hadGlaucoma?	1 Yes 2 No -8 Don't know -9 Refused		
ELASRSUR	2010	2014	Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions?	1 Yes 2 No -8 Don't know -9 Refused		
Medical Provider	Medical Provider Utilization, Charge Questions Statement Series, Charge Questions No Statement Series, and Charge Payment Summary					
Various	1999	2014	Health care utilization and cost associated with visits to an optometrist or ophthalmologist.	Requires Analyses		

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Medical Expenditure Panel Survey

Purpose and Scope:

The Medical Expenditure Panel Survey (MEPS), which began in 1996, is a set of large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, how they are paid for, and data on the cost, scope, and breadth of health insurance held by and available to U.S. workers. MEPS currently has two major components, the Household Component and the Insurance Component.

Sample Design:

The Household Component (HC) collects data from a sample of families and individuals in selected U.S communities, drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey (conducted by the National Center for Health Statistics).

MEPS also includes a Medical Provider Component (MPC), which covers hospitals, physicians, home health care providers, and pharmacies identified by MEPS-HC respondents. Its purpose is to supplement and/or replace information received from the MEPS-HC respondents.

Data Collection Procedures:

During the household interviews, MEPS collects detailed information for each person in the household on the following; demographic characteristics, health conditions, health status, use of medical services, charges and source of payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The panel design of the survey, which features several rounds of interviewing covering two full calendar years, makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related.

Source:

http://meps.ahrq.gov/mepsweb/

Vision and Eye Health Variables from the Medical Expenditure Panel Survey

Table 8. Medical Expenditure Panel Survey

Variable Name	First Available*	Latest Available	Question	Response Options
Health Status Qu	uestionnaire			
WRGLAS42	1999	2011	Does anyone in the family wear eyeglasses or contact lenses?	1 Yes 2 No -1 Inapplicable -7 Refused -8 Don't Know -9 Not Ascertained
BLIND42	1999	2011	Is (PERSON) blind?	1 Yes 2 No -1 Inapplicable -8 Don't Know
READNW42	1999	2011	{With glasses or contacts, can/Can} (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?	1 Yes 2 No -1 Inapplicable -8 Don't Know -9 Not Ascertained
RECPEP42	1999	2011	{With glasses or contacts, can/Can} (PERSON) see well enough to recognize familiar people if they are two or three feet away	1 Yes 2 No -1 Inapplicable -8 Don't Know -9 Not Ascertained
SEEDIF42	1999	2011	Does anyone in the family have any difficulty seeing {[with glasses or contacts, if they use them]}?	1 Yes 2 No -1 Inapplicable -7 Refused -8 Don't Know -9 Not Ascertained

Variable Name	First Available*	Latest Available	Question	Response Options
VISION42	1999	2011	Vision Impairment (SUMMARY)	1 No difficulty seeing (SEEDIF42 was "No" (2)) 2 Some difficulty seeing, can read newsprint (SEEDIF42 was "Yes" (1) and BLIND42 was "No" (2) and READNW42 was "Yes" (1)) 3 Some difficulty seeing, cannot read newsprint, can recognize familiar people (SEEDIF42 was "Yes" (1) and BLIND42 was "No" (2) and READNW42 was "No" (2) and RECPEP42 was "Yes" (1)) 4 Some difficulty seeing, cannot read newsprint, cannot recognize familiar people but is not blind (SEEDIF42 was "Yes" (1) and BLIND42 was "No" (2) and READNW42 was "No" (2) and RECPEP42 was "No" (2)) 5 Blind (SEEDIF42 was "Yes" (1) and BLIND42 was "Yes" (1) -1 All component variables are "Inapplicable" (SEEDIF42 was -1 and BLIND42 was -1 and READNW42 was -1 and READNW42 was -1) -9 One or more component variables was "Refused" (-7), "Don't know" (-8), or "Not ascertained" (-9)
Diabetes Care S	Survey			
DSEBXX53	2000	2013	Which of the following year(s) did you have an eye exam in which your pupils were dilated? This would have made you temporarily sensitive to bright light. [BEFORE current year].	1 Yes 2 No -1 Inapplicable -8 Don't Know -9 Not Ascertained
DSEYXX53	2000	2013	Which of the following year(s) did you have an eye exam in which your pupils were dilated? This would have made you temporarily sensitive to bright light. [IN current year]	1 Yes 2 No -1 Inapplicable -8 Don't Know -9 Not Ascertained
DSEYPR53	2000	2013	Has your diabetes caused problems with your eyes that needed to be treated by an ophthalmologist?	1 Yes 2 No -1 Inapplicable -8 Don't Know -9 Not Ascertained

Variable Name	First Available*	Latest Available	Question	Response Options				
Medical Provider	Medical Provider Component							
AMEEXPXX	1999	2013	TOTL AMBULTRY (OB+OP) OPTOMETRIST EXP					
AMEMCDXX	1999	2013	OPTMTRIST AMB VSTS -MEDICAID AMT					
AMEMCRXX	1999	2013	OPTMTRIST AMB VSTS -MEDICARE AMT					
AMEOFDXX	1999	2013	OPTMTRIST AMB VSTS-OTHER FED AMT					
AMEOPRXX	1999	2013	OPTMTRIST AMB VSTS - OTH PRIVATE AMT					
AMEOPUXX	1999	2013	OPTMTRIST AMB VSTS - OTH PUBLIC AMT					
AMEOSRXX	1999	2013	OPTOM AMB VSTS - OTH UNCLAS SRCE AMT					
AMEOTHXX	1999	2013	OPTMTRIST AMB VSTS -OTH COMBINED AMT					
AMEPRVXX	1999	2013	OPTMTRIST AMB VSTS -PRIVATE INS AMT					
AMEPTRXX	1999	2013	OPTMTRIST AMB VSTS -PRV & TRI AMT					
AMESLFXX	1999	2013	OPTMTRIST AMB VSTS -SELF/FAMILY AMT					
AMESTLXX	1999	2013	OPTMTRIST AMB VSTS-OTH ST/LOCAL AMT					
AMETCHXX	1999	2013	OPTOMETRIST AMBULATORY VISIT CHARGES					
AMETRIXX	1999	2013	OPTMTRIST AMB VSTS-TRICARE AMT					
AMEVAXX	1999	2013	OPTMTRIST AMB VSTS-VA AMT					
AMEWCPXX	1999	2013	OPTMTRIST AMB VSTS-WORKERS COMP AMT					
AMOPTOXX	1999	2013	# AMB OPTOMETRIST VSTS (OB+OP)					
OBEEXPXX	1999	2013	TOTAL OFF-BASED OPOTMETRIST EXP					
OBEMCDXX	1999	2013	OPTOMETRIST OFF VSTS -MEDICAID AMT					
OBEMCRXX	1999	2013	OPTOMETRIST OFF VSTS -MEDICARE AMT					
OBEOFDXX	1999	2013	OPTOMETRIST OFF VSTS-OTH FEDERAL AMT					
OBEOPRXX	1999	2013	OPTOMETRIST OFF VSTS -OTH PRIVATE MT					
OBEOPUXX	1999	2013	OPTOMETRIST OFF VSTS -OTH PUBLIC AM					
OBEOSRXX	1999	2013	OPTOM OF VSTS - OTH UNCLASS SRCE AMT					
OBEOTHXX	1999	2013	OPTOMETRIST OFF VSTS-OTH COMBINED AMT					
OBEPRVXX	1999	2013	OPTOMETRIST OFF VSTS -PRIVATE INS AMT					
OBEPTRXX	1999	2013	OPTOMETRIST OFF VSTS -PRV & TRI AMT					
OBESLFXX	1999	2013	OPTOMETRIST OFF VSTS -SELF/FAMILY AMT					

Variable Name	First Available*	Latest Available	Question	Response Options
OBESTLXX	1999	2013	OPTOMETRIST OFF VSTS -OTH ST/LOCL AMT	
OBETCHXX	1999	2013	OFFICE-BASED OPTOMTRIST VISIT CHARGES	
OBETRIXX	1999	2013	OPTOMETRIST OFF VSTS -TRICARE AMT	
OBEVAXX	1999	2013	OPTOMETRIST OFF VSTS -VA AMT	
OBEWCPXX	1999	2013	OPTOMETRIST OFF VSTS-WORKERS COMP AMT	
OBOPTOXX	1999	2013	# OFF-BASED OPTOMETRIST VISITS	
VISEXPXX	1999	2013	TOTAL GLASSES/CONTACT LENS EXP	
VISMCDXX	1999	2013	GLASSES/CNTCT LENSES-MEDICAID AMT	
VISMCRXX	1999	2013	GLASSES/CNTCT LENSES-MEDICARE AMT	
VISOFDXX	1999	2013	GLASSES/CNTCT LENSES-OTHR FED AMT	
VISOPRXX	1999	2013	GLASSES/CNTCT LENSES-OTH PRIVATE AMT	
VISOPUXX	1999	2013	GLASSES/CNTCT LENSES-OTH PUBLIC AMT	
VISOSRXX	1999	2013	GLASES/CNTCT LENSE-OT UNCLAS SRCE AMT	
VISOTHXX	1999	2013	GLASSES/CNTCT LENSES-OTH COMBINED AMT	
VISPRVXX	1999	2013	GLASSES/CNTCT LENSES-PRIV INS AMT	
VISPTRXX	1999	2013	GLASSES/CNTCT LENSES -PRV & TRI AMT	
VISSLFXX	1999	2013	GLASSES/CNTCT LENSES -SELF/FAM AMT	
VISSTLXX	1999	2013	GLASSES/CNTCT LENSES-OTH ST/LOCL AMT	
VISTCHXX	1999	2013	GLASSES/CONTACT LENSES CHARGES	
VISTRIXX	1999	2013	GLASSES/LENSES-TRICARE AMT	
VISVAXX	1999	2013	GLASSES/CNTCT LENSES-VA AMT	
VISWCPXX	1999	2013	GLASSES/CNTCT LENSES-WORKERS COMP AMT	

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

NOTE: Any instance of 'XX' indicates where the two-digit year is entered. For example, a VISWCPXX collected in 2008 would be called VISWCP08; the same variable collected in 2009 would be called VISWCP09; and so on.

National Ambulatory Medical Care Survey

Purpose and Scope:

The National Ambulatory Medical Care Survey (NAMCS) is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States. The survey was conducted annually from 1973 to 1981, in 1985, and annually since 1989. Data are obtained on patients' symptoms, physicians' diagnoses, and medications ordered or provided. The survey also provides statistics on the demographic characteristics of patients and services provided, including information on diagnostic procedures, patient management, and planned future treatment. Corresponding information is collected from a sister-survey, The National Hospital Ambulatory Medical Care Survey (NHAMCS; described below), which is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments and in ambulatory surgery centers.

Sample Design:

The basic sampling unit for the NAMCS is the physician-patient encounter or visit. Only visits to the offices of non-federally employed physicians classified by the American Medical Association or the American Osteopathic Association as "office-based, patient care" are included in the physician universe. Types of contacts not included are those made by telephone, those made outside the physician's office (for example, house calls), visits made in hospital settings (unless the physician has a private office in a hospital and that office meets the NAMCS definition of "office"), visits made in institutional settings by patients for whom the institution has primary responsibility over time (e.g., nursing homes), and visits to doctors' offices that are made for administrative purposes only (e.g., to leave a specimen, pay a bill, or pick up insurance forms).

The NAMCS utilizes a multistage probability design that uses probability samples of primary sampling units (PSUs), physician practices within PSUs, and patient visits within practices. The second stage consists of a probability sample of practicing physicians selected from the master files maintained by the American Medical Association and the American Osteopathic Association. Within each PSU, all eligible physicians were stratified into 15 groups; general and family practice, osteopathy, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a residual category of all other specialties. The final stage is the selection of patient visits within the annual practices of sample physicians. This involves two steps. First, the total physician sample is divided into 52 random subsamples of approximately equal size, and each subsample is randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits is selected by the physician during the reporting week. The sampling rate varies for this final step from a 100 percent sample for very small practices, to a 20 percent sample for very large practices. Practice size is determined in a pre-survey interview.

Data Collection Procedures:

The U.S. Bureau of the Census acts as the field data collection agent for the NAMCS. The data collection for NAMCS is expected to be carried out by the physician or the physician's staff, but it is often performed by Census field representatives. Specially trained interviewers visit the physicians prior to their participation in the survey in order to provide them with survey materials and instruct them on how to complete the forms.

Source:

http://www.cdc.gov/nchs/ahcd/about_ahcd.htm

Vision and Eye Health Variables from the National Ambulatory Medical Care Survey

Table 9. National Ambulatory Medical Care Survey

Variable Name	First Available*	Latest Available	Question	Response Options
NAMCS				
RFVX	1999-2000	2015	Patient's reason for visit (up to three)	Symptoms Referable to the Eyes and Ears 1300-1399 Diseases of the Eye 2400-2449
DIAGX	1999-2000	2015	Physician's diagnoses (up to three)	ICD-9-CM
PAYTYPEX	1999-2000	2015	Primary expected source of payment for this visit	1 Private insurance 2 Medicare 3 Medicaid 4 Worker's Compensation 5 Self-pay 6 No charge 7 Other 8 Unknown 9 Blank
RETINAL	2009-2010	2015	Retinal/eye exam and ability to add other service	1 Yes 0 No
UK	1999-2000	2004	Ambulatory surgical procedures	ICD-9-CM procedure codes
PROCX	2014	2015	Current Procedural Terminology Codes (up to 18)	CPT or HCPCS code
SPECRCATX	1999-2000	2015	Physician's Specialty	13 Ophthalmology

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

National Health Interview Survey

Purpose and Scope:

The main objective of the National Health Interview Survey (NHIS) is to monitor the health of the U.S. population through the collection and analysis of data on a broad range of health topics. Since 1960, the survey has been conducted by National Center for Health Statistics (NCHS). NHIS data are used widely by the Department of Health and Human Services (DHHS) and the public health research community to monitor trends in illness and disability and to track progress toward achieving national health objectives.

Sample Design:

The National Health Interview Survey is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households and non-institutional group quarters (e.g., college dormitories). The sampling plan is redesigned after every decennial census. The current sampling plan was implemented in 2006. It has many similarities to the previous sampling plan, which was in place from 1995 to 2005. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSU's) drawn from approximately 1,900 geographically defined PSU's that cover the 50 States and the District of Columbia.

The current NHIS sample design continues the oversampling of both Black persons and Hispanic persons that was a new feature of the previous sample design. A new feature of the current sample design is that Asian persons are also oversampled.

As with the previous sample design, the NHIS sample is drawn from each state and the District of Columbia. Although the NHIS sample is too small to provide state level data with acceptable precision for each state, selected estimates for most states may be obtained by combining data years. The total NHIS sample is subdivided into four separate panels, or sub-designs, such that each panel is a representative sample of the U.S. population.

For 2006-2010, the households and non-institutional group quarters selected for interview each week in the NHIS were a probability sample representative of the target population. Beginning in 2011, the minimum time length for a probability sample changed from a week to a month. With four sample panels and no sample cuts or augmentations, the expected NHIS sample size (completed interviews) is approximately 35,000 households containing about 87,500 persons.

Data Collection Procedures:

Data are collected through a personal household interview conducted by interviewers employed and trained by the U.S. Census Bureau according to procedures specified by the NCHS. The revised NHIS questionnaire fielded since 1997 uses a computer assisted personal interviewing (CAPI) mode.

Notable Features:

A strength of this survey lies in the ability to display vision and eye health characteristics by many demographic and socioeconomic characteristics.

Source:

http://www.cdc.gov/nchs/nhis/about_nhis.htm

Vision and Eye Health Variables from the National Health Interview Survey

Table 10. National Health Interview Survey Self-Reported

Variable Name	First Available*	Latest Available	Question	Response Options
Adult				
AHCAFYR4, AHCAFY_4	1999	2015	DURING THE PAST 12 MONTHS, was there any time when you NEEDED any of the following, but didn't get it because you couldn't afford itEyeglasses?	1 Yes 2 No 7 Refused 8 Not ascertained (1999-2003) 9 Don't know
AHCSYR2, AHCSY1_2	1999	2015	DURING THE PAST 12 MONTHS, that is since {12 month ref. date}, have you seen or talked to any of the following health care providers about your own health? An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)	1 Yes 2 No 7 Refused 8 Not ascertained (1999-2003) 9 Don't know
ABLIND	1999	2015	Are you blind or unable to see at all?	1 Yes 2 No 7 Refused 9 Don't know
AVISION	1999	2015	Do you have any trouble seeing, even when wearing glasses or contact lenses?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
AFLHCA1, AFLHCA	1999	2015	What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}? Vision problem causes difficulty w/activity	1 Mentioned 2 Not mentioned 6 No condition at all 7 Refused 8 Not ascertained 9 Don't know 01 Vision/problem seeing (2004-2015)

Variable Name	First Available*	Latest Available	Question	Response Options
AVISEXAM	2002	2008	When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	1 Less than 1 month 2 01 to 12 months 3 13 to 24 months 4 More than two years 5 Never 7 Refused 8 Not ascertained 9 Don't know
CRD, AVDFCRD, AVDF_CRD	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto find something on a crowded shelf?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all (because of eyesight; 2008) 6 Do not do this activity (for other reasons; 2008) 7 Refused 8 Not ascertained (2008) 9 Don't know
PER, AVDFPER, AVDF_PER	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto notice objects off to the side while you are walking along?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all (because of eyesight; 2008) 6 Do not do this activity (for other reasons; 2008) 7 Refused 8 Not ascertained (2008) 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
DRV, AVDFDRV, AVDF_DRV	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto drive during daytime in familiar places?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all (because of eyesight; 2008) 6 Do not do this activity (for other reasons; 2008) 7 Refused 8 Not ascertained (2008) 9 Don't know
NIT, AVDFNIT, AVDF_NIT	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto go down steps, stairs or curbs in dim light or at night?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all (because of eyesight; 2008) 6 Do not do this activity (for other reasons; 2008) 7 Refused 8 Not ascertained (2008) 9 Don't know
VIMGLASS	2008	2008	Do you currently wear eyeglasses or contact lenses?	1 Yes 2 No 7 Refused 9 Don't know
VIMREAD	2008	2008	Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?	1 Yes 2 No 7 Refused 9 Don't know
VIMDRIVE	2008	2008	Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?	1 Yes 2 No 7 Refused 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
AVISREH	2002	2002	Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?	1 Yes 2 No 7 Refused 8 Not ascertained (2002) 9 Don't know
AVISDEV	2002	2002	Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?	1 Yes 2 No 7 Refused 8 Not ascertained (2002) 9 Don't know
NWS, AVDF_NWS	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto read ordinary print in newspapers?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all because of eyesight 6 Do not do this activity for other reasons 7 Refused 9 Don't know
CLS, AVDF_CLS	1999	1999	Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for youto do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?	0 Not at all difficult 1 Only a little difficult 2 Somewhat difficult 3 Very difficult 4 Can't do at all because of eyesight 6 Do not do this activity for other reasons 7 Refused 9 Don't know
VIM_DREV	2008	2008	Have you EVER been told by a doctor or other health professional that you had diabetic retinopathy?	1 Yes 2 No 7 Refused 9 Don't know
VIMLS_DR	2008	2008	Have you lost any vision because of diabetic retinopathy?	1 Yes 2 No 7 Refused 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
VIM_CAEV	2008	2008	Have you EVER been told by a doctor or other health professional that you had cataracts?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
VIMLS_CA	2008	2008	Have you lost any vision because of cataracts?	1 Yes 2 No 7 Refused 9 Don't know
AVISCAT, VIM_CAEV	1999	1999	Have you EVER been told by a doctor or other health professional that you hadcataracts?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
VIMCSURG	2008	2008	Have you ever had cataract surgery?	1 Yes 2 No 7 Refused 9 Don't know
VIMLS_GL	2008	2008	Have you lost any vision because of glaucoma?	1 Yes 2 No 7 Refused 9 Don't know
AVISGLAU, VIM_GLEV	1999	2008	Have you EVER been told by a doctor or other health professional that you hadglaucoma?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
VIMLS_MD	2008	2008	Have you lost any vision because of macular degeneration?	1 Yes 2 No 7 Refused 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
AVISMACD, VIM_MDEV	1999	1999	Have you EVER been told by a doctor or other health professional that you hadmacular degeneration?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
AHCL01N, ALHCLN1, ALHCLY1, ALANTR1, ALTIME1, ALDURA1, ALDURB1	2000	2015	How long have you had a vision problem or problem seeing?	01-94 01-94 95 95+ 96 Since birth 97 Refused 99 Don't know (variation in variable across years)
AHCL01T, ALHCLT1, ALUNIT1	2000	2015	Enter time period for time with vision problem or problem seeing.	1 Day(s) 2 Week(s) 3 Month(s) 4 Year(s) 6 Since Birth 7 Refused 9 Don't know (variation in variable across years)
DIBEYCKL	1999	2003	When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	1 Less than 1 month 2 1 to 12 months 3 13 to 24 months 4 More than 2 years 5 Never 7 Refused 8 Not ascertained 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options			
Functioning and Dis	Functioning and Disability						
VIS_SS	2011	2015	Do you have difficulty seeing, even when wearing glasses?	1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 Cannot do at all/unable to do 7 Refused 9 Don't know			
VIS_0	2012	2015	Do you wear glasses?	1 Yes 2 No 7 Refused 9 Don't know			
Family							
P2DFSEE	2009	2015	[fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?	1 Yes 2 No 7 Refused 9 Don't know			
F1DFSEE	2009	2009	[fill 1: Please answer this question for family members age 1 or older./] [fill 2: Are you/Is anyone] blind or [fill 3: do you/does anyone] have serious difficulty seeing even when wearing glasses?	1 Yes 2 No 7 Refused 9 Don't know			
P1DFSEE	2009	2009	Who is it? (Anyone else? * Repeat if necessary: Is anyone else blind or does anyone else have serious difficulty seeing even when wearing glasses?)	1 Yes 2 No 7 Refused 9 Don't know			
Child	Child						
CHCAFYR4, CHCAFYR1_4	1999	2015	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford itEyeglasses?	1 Yes 2 No 7 Refused 8 Not ascertained (1999-2003) 9 Don't know			

Variable Name	First Available*	Latest Available	Question	Response Options
CHCSYR11, CHCSYR1_2	1999	2015	During the past 12 months, that is since {12-month ref. date}, has anyone in the family seen or talked to any of the following health care providers about {S.C. name}'s health? An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)	1 Yes 2 No 7 Refused 8 Not ascertained (1999-2003) 9 Don't know
CHCSYR, CHCSYR_2	1999	2015	During the past 12 months, that is since {12-month ref. date}, have you seen or talked to any of the following health care providers about {S.C. name}'s health? An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)	1 Yes 2 No 7 Refused 8 Not ascertained (1999-2003) 9 Don't know
LAHCC1	2001	2015	What conditions or health problems cause {person} limitations? [Vision or seeing problem]	1 Mentioned 2 Not mentioned 6 No condition at all 7 Refused 8 Not ascertained 9 Don't know
CVISREAD	2008	2008	Does [fill: SC name] wear eyeglasses or contact lenses to read books, write, play hand-held games, or do other things that require [fill: her/him] to see well up close?	1 Yes 2 No 7 Refused 9 Don't know
CVISDIST	2008	2008	Does [fill: SC name] wear eyeglasses or contact lenses to read road and street signs, see the blackboard, play sports, watch TV, or see things in the distance?	1 Yes 2 No 7 Refused 9 Don't know
CVISGLAS	2008	2008	Does [fill: SC name] wear eyeglasses or contact lenses?	1 Yes 2 No 7 Refused 9 Don't know
CVISLT	2008	2008	When was [fill: his/her] vision last tested?	1 In the last 12 months 2 In the last 13-24 months 3 Over 24 months 7 Refused 8 Not ascertained 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
CVISTST	2002	2008	Has [fill: SC name] EVER had [fill: his/her] vision tested by a doctor or other health professional?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
CBLIND	1999	2015	Is [fill: S.C. name] blind or unable to see at all?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
CVISION	1999	2015	Does [fill1: S.C. name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know
CVISRD	2002	2002	Can [fill1: S.C. name] read the board from the back of the classroom?	1 Yes 2 No 7 Refused 8 Not ascertained 9 Don't know

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report. In instances where a question has been asked over multiple years, but with more than one variable name, all known variable names are listed; change in wording across years is noted when possible.

National Health and Nutrition Examination Survey

Purpose and Scope:

The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and has the responsibility for producing vital and health statistics for the Nation. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs.

Sample Design:

The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. The sample for the survey is selected to represent the U.S. population of all ages. To produce reliable statistics, NHANES oversamples persons 60 and older, African Americans, and Hispanics.

Data Collection Procedures:

The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel.

All participants visit the physician. Dietary interviews and body measurements are included for everyone. All but the very young have a blood sample taken and will have a dental screening. In general, the older the individual, the more extensive the examination.

Health interviews are conducted in respondents' homes. Health measurements are performed in specially-designed and equipped mobile centers, which travel to locations throughout the country. The study team consists of a physician, medical and health technicians, and dietary and health interviewers. Many of the study staff are bilingual (English/Spanish).

Notable Features:

Because NHANES is now an ongoing program, the information collected contributes to annual estimates in topic areas included in the survey, including eye health. For small population groups and less prevalent conditions and diseases, data must be accumulated over several years to provide adequate estimates.

Source:

http://www.cdc.gov/nchs/nhanes.htm

Vision and Eye Health Variables from the National Health and Nutrition Examination Survey

Table 11. National Health and Nutrition Examination Survey

Variable Name	First Available*	Latest Available	Question	Response Options			
Vision	Vision						
VIQ030, VIQ031	1999	2008	Next I have general questions about {your/SP's} vision. At the present time, would you say {your/SP's} eyesight, with glasses or contact lenses if {you/s/he} wear them, is	1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 7 Refused 9 Don't know			
VIQ040, VIQ041	1999	2008	How much of the time {do you/does SP} worry about {your/his/her} eyesight? Would you say	0 None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 7 Refused 9 Don't know			
VIQ050A, VIQ051A	1999	2008	The next questions are about how much difficulty, if any, {you have/SP has} doing certain activities, such as reading ordinary newsprint or going down steps. If {you/s/he} usually wear{s} glasses or contact lenses to do these activities, please rate {you r/his/her} ability to do them while wearing {your/his/her} glasses or contacts. How much difficulty {do you/does SP} have reading ordinary print in newspapers?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 77 Refused 99 Don't know			
VIQ050B, VIQ051B	1999	2008	How much difficulty {do you/does SP} have doing work or hobbies that require {you/him/her} to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 77 Refused 99 Don't know			

Variable Name	First Available*	Latest Available	Question	Response Options
VIQ050C, VIQ051C	1999	2008	How much difficulty {do you/does SP} have going down steps, stairs, or curbs in dim light or at night?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 77 Refused 99 Don't know
VIQ050D, VIQ051D	1999	2008	How much difficulty {do you/does SP} have noticing objects off to the side while {you are/s/he is} walking?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 77 Refused 99 Don't know
VIQ050E, VIQ051E	1999	2008	How much difficulty {do you/does SP} have finding something on a crowded shelf?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 77 Refused 99 Don't know
VIQ055, VIQ056	1999	2008	How much difficulty {do you/does SP} you have driving during the daytime in familiar places?	1 No difficulty 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Unable to do because of eyesight 6 Does not do this for other reasons 7 Never drove 77 Refused 99 Don't know
VIQ060, VIQ061	1999	2008	How limited {are you/is SP} in how long {you/s/he} can work or do other daily activities such as housework, child care, school, or community activities because of {your/his/her} vision? Would you say {you are/s/he is} limited	0 None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 7 Refused 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
VIQ070, VIQ071	1999	2008	{Have you/Has SP} ever had a cataract operation?	1 Yes 2 No 7 Refused 9 Don't know
VIQ080, VIQ081	1999	2008	Was the operation in {your/SPs} right eye, left eye, or both eyes?	1 Right eye 2 Left eye 3 Both 7 Refused 9 Don't know
VIQ010	2003	2008	Next, I have general questions about (your/SP's) vision. With both eyes open, can (you/he/she) see light?	1 Yes 2 No 7 Refused 9 Don't know
VIQ017	2005	2008	{Are you/Is SP} blind in both eyes?	1 Yes 2 No 7 Refused 9 Don't know
VIQ090	2005	2008	{Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} glaucoma (gla-co-ma), sometimes called high pressure in {your/his/her} eyes?	1 Yes 2 No 7 Refused 9 Don't know
VIQ100	2005	2008	Was the glaucoma in {your/his/her} right eye, left eye, or both eyes?	1 Right eye 2 Left eye 3 Both 7 Refused 9 Don't know
VIQ310	2005	2008	{Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} age-related macular (mac-u-lar) degeneration?	1 Yes 2 No 7 Refused 9 Don't know
VIQ320	2005	2008	Was the age-related macular (mac-u-lar) degeneration in {your/his/her} right eye, left eye, or both eyes?	1 Right eye 2 Left eye 3 Both 7 Refused 9 Don't know

Variable Name	First Available*	Latest Available	Question	Response Options
Physical Function	ning			
PFD069P, PFD069pQ, PFD069pG	1999	2008	How long (have/has) (you/SP) had vision problems (# of days)?	60 to 26280 66666 Since Birth 77777 Refused 99999 Don't know

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report. In instances where a question has been asked over multiple years, but with more than one variable name, all known variable names are listed; change in wording across years is noted when possible.

National Hospital Ambulatory Medical Care Survey

Purpose and Scope:

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments and in ambulatory surgery centers. Hospital-based ambulatory surgery centers were first added to this study in 2009, and freestanding ambulatory surgery centers were added in 2010. The NHAMCS is the companion survey to the National Ambulatory Medical Care Survey (described above).

Sample Design:

For the survey's hospital component, findings are based on a national sample of visits to emergency and outpatient departments and to ambulatory surgery facilities in noninstitutional general and short-stay hospitals located in the 50 States and the District of Columbia. The sample excludes Federal, military, and Veterans Administration hospitals. A four-stage probability sampling design is used. The first stage consists of a sample of geographically defined areas, and the second stage is of hospitals within these areas. In the third stage, clinics within outpatient departments are selected. All emergency service areas and in-scope ambulatory surgery locations are included. In the final stage, patient visits to these settings are sampled.

For the freestanding ambulatory surgery component of the NHAMCS, findings are based a national sample of visits to these ambulatory surgery centers. Centers are located in the 50 States and the District of Columbia, are regulated by states, certified by the Centers for Medicare and Medicaid Services, or whose primary business is ambulatory surgery. A two-stage list sample design is used that includes samples of facilities and of patient visits to these facilities.

Data Collection Procedures:

Specially trained interviewers visit facilities prior to their participation in the survey. They explain survey procedures, verify eligibility, develop a sampling plan, and train staff in data collection procedures. The survey instrument is the Patient Record form, which is provided in three versions -- one for the emergency department, one for the outpatient department, and one for the ambulatory surgery facilities. Staff are instructed to complete Patient Record forms for a systematic random sample of patient visits during a randomly assigned 4-week reporting period. Data are obtained on patients' demographic characteristics, expected source(s) of payment, patients' complaints, diagnoses, diagnostic/screening services, procedures, medication therapy, disposition, types of providers seen, causes of injury (emergency department and ambulatory surgery center only), and certain characteristics of the facility, such as, geographic region and metropolitan status.

Source:

http://www.cdc.gov/nchs/ahcd/about_ahcd.htm

Vision and Eye Health Variables from the National Hospital Ambulatory Medical Care Survey

Table 12. National Hospital Ambulatory Medical Care Survey

Variable Name	First Available*	Latest Available	Question	Response Options
Emergency D	epartment			
RFVX	1999-2000	2015	Patient's reason for visit (up to five)	Symptoms Referable to the Eyes and Ears 1300-1399 Diseases of the Eye 2400-2449
DIAGX	1999-2000	2015	Diagnoses (three to five)	ICD-9-CM
PAYTYPEX	1999-2000	2015	Primary expected source of payment for this visit	1 Private insurance 2 Medicare 3 Medicaid 4 Worker's Compensation 5 Self-pay 6 No charge 7 Other 8 Unknown 9 Blank
Outpatient De	epartment and	d Ambulatory	Surgery	
PAYTYPEX	1999-2000	2015	Primary expected source of payment for this visit	1 Private insurance 2 Medicare 3 Medicaid 4 Worker's Compensation 5 Self-pay 6 No charge 7 Other 8 Unknown 9 Blank
RFVX	1999-2000	2015	Patient's reason for visit (three to five)	Symptoms Referable to the Eyes and Ears 1300-1399 Diseases of the Eye 2400-2449
DIAGX	1999-2000	2015	Diagnoses (three to five)	ICD-9-CM
RETINAL	1999-2000	2015	Retinal/eye exam and ability to add other service	1 Yes 0 No
PROCX	1999-2000	2015	Current Procedural Terminology or HCPCS Codes (up to 18)	CPT or HCPCS code

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

National Nursing Home Survey

Purpose and Scope:

The National Nursing Home Survey (NNHS) is a series of nationally representative sample surveys of United States nursing homes, their services, their staff, and their residents. The NNHS was first conducted in 1973-1974 and repeated in 1977, 1985, 1995, 1997, 1999, and 2004. Although each of these surveys emphasized different topics, they all provided some common basic information about nursing homes, their residents, and their staff.

Sample Design:

The sampling was a stratified two-stage probability design. The first stage was the selection of facilities and the second stage was the selection of residents. The primary sampling strata of facilities were defined by sampling bed size category and metropolitan area status. Within primary strata, facility substrata were defined based on the following factors: certification status, hospital-based and nonhospital-based; ownership; geographic region; state, county, and zip code. Nursing homes were then selected within substrata using systematic sampling with probability proportional to their bed size.

The second-stage sampling of current residents was carried out by the interviewers at the time of their visits to the facilities. The sample frame for current residents was the total number of residents on the register of the facility as of midnight of the day prior to the day of the survey. Residents who were physically absent from the facility due to overnight leave or a hospital visit, but had a bed maintained for them at the facility, were included in the sample frame. A sample of up to twelve current residents per facility was selected.

Data Collection Procedures:

All nursing homes that participated in the NNHS had at least three beds and were either certified (by Medicare or Medicaid) or had a state license to operate as a nursing home. The 2004 survey was administered using a computer-assisted personal interviewing (CAPI) system. For recipients, data were obtained on demographic characteristics, health status and medications taken, services received, and sources of payment.

Notable Features:

The 2004 NNHS was reintroduced into the field after a five-year break, during which time the survey was redesigned and expanded to collect many new data items; however, data on resident vision was no longer collected.

Source:

http://www.cdc.gov/nchs/nnhs.htm

Vision and Eye Health Variables from the National Nursing Home Survey

Table 13. National Nursing Home Survey

Variable Name	First Available*	Latest Available	Question	Response Options					
Current Residen	Current Resident Questionnaire								
CR10_01	1999	1999	Which of these aids does (he/she) currently use?: Eyeglasses	01 Aid used 02 Aid not used					
CR11A	1999	1999	Does (he/she) have any difficulty in seeing (when wearing glasses)?	01 Yes 02 No					
CR11B	1999	1999	Is (his/her) sight (when wearing glasses) partially, severely, or completely impaired as defined on this card?	01 Partially Impaired 02 Severely Impaired 03 Completely Lost, Blind					
Discharged Res	ident Questionn	aire							
DR10_01	1999	1999	(At the time of discharge/immediately prior to discharge), which of these aids did (he/she) use?: Eyeglasses	01 Aid used 02 Aid not used					
DR11A	1999	1999	(At the time of discharge/immediately prior to discharge), did (he/she) have any difficulty in seeing (when wearing glasses)?	01 Yes 02 No					
DR11B	1999	1999	Was (his/her) sight (when wearing glasses) partially, severely, or completely impaired as defined on this card?	01 Partially Impaired 02 Severely Impaired 03 Completely Lost, Blind					

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

National Social Life, Health, and Aging Project

Purpose and Scope:

The National Social Life, Health, and Aging Project (NSHAP) is a longitudinal, population-based study of health and social factors, which aims to understand the well-being of older, community-dwelling Americans by examining the interactions among physical health and illness, medication use, cognitive function, emotional health, sensory function, health behaviors, social connectedness, sexuality, and relationship quality. NSHAP provides policy makers, health providers, and individuals with useful information and insights into these factors.

Sample Design:

The NSHAP sample is built on the foundation of the national household screening carried out by the Health and Retirement Study (HRS) in 2004. NSHAP Wave 1 used a national area probability sample of community residing adults born between 1920 and 1947 (aged 57 to 85 at the time of the Wave 1 interview), which included an oversampling of African-Americans and Hispanics. Through a collaborative agreement, HRS identified households for the NSHAP eligible population. A sample of 4,400 people was selected from the screened households. NSHAP made one selection per household. Ninety-two percent of the persons selected for the NSHAP interview were eligible.

For Wave 2 in 2010 and 2011, NSHAP returned to Wave 1 Respondents and eligible non-interviewed respondents from Wave 1 (Wave 1 Non-Interviewed Respondents). NSHAP also extended the Wave 2 sample to include the cohabiting spouses and romantic partners of Wave 1 Respondents and Wave 1 Non-Interviewed Respondents. Partners were considered to be eligible to participate in NSHAP if they resided in the household with the Wave 1 Respondent/Wave 1 Non-Interviewed Respondent at the time of the Wave 2 interview and were at least 18 years of age.

For Wave 3 in 2015 and 2016, in addition to the Wave 2 respondents being re-interviewed, NSHAP approached Wave 1 respondents who decided not to participate in Wave 2. In addition, a new cohort of community residing adults born between 1948 and 1965 was identified from a national household screening conducted by NORC.

Data Collection Procedures:

In 2005 and 2006, NORC and Principal Investigators at the University of Chicago conducted the first wave of NSHAP. They completed more than 3,000 interviews with a nationally representative sample of adults born between 1920 and 1947 (aged 57 to 85 at the time of Wave 1 interview). In 2010 and 2011, nearly 3,400 interviews were completed for Wave 2 with these Wave 1 Respondents, Wave 1 Non-Interviewed Respondents, and their spouses or cohabiting romantic partners. In 2015 and 2016, more than 4,700 interviews were completed for Wave 3. For all waves, data collection included/will include three

measurements: in-home interviews, biomeasures, and leave-behind respondent-administered questionnaires. The face-to-face interviews and biomeasure collection take place in respondents' homes.

Source:

http://www.norc.org/Research/Projects/Pages/national-social-life-health-and-aging-project.aspx

Vision and Eye Health Variables from the National Social Life, Health, and Aging Project

Table 14. National Social Life, Health, and Aging Project

Variable Name	First Available	Latest Available	Question	Response Options
In-Person Interv	iew			
EYESIGHT	2005/2006	2010/2011	With your glasses or contact lenses if you wear them, is your eyesight excellent, very good, good, fair, or poor?	4 Excellent 3 Very Good 2 Good 1 Fair Poor .b don't know .f missing
RFHLTH2R	2010/2011	2010/2011	Please rate the respondent's functional health and behavior during the interview on the following scales:	1 Practically Blind 2 3 4 5 Normal Vision .b don't know .f missing

National Survey of Child and Adolescent Well-Being

Purpose and Scope:

The National Survey of Child and Adolescent Well-Being (NSCAW) is a nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services. There have been two cohorts of children enrolled in the survey, which provides data drawn from first-hand reports from children, parents, other caregivers, and reports from caseworkers, teachers, and data from administrative records. NSCAW examines child and family well-being outcomes in detail and seeks to relate those outcomes to experience with the child welfare system and to family characteristics, community environment, and other factors.

Sample Design:

The NSCAW cohort includes 6,231 children, ages birth to 14 (at the time of sampling), who had contact with the child welfare system within a fifteen-month period which began in October, 1999. These children were selected from two groups: 5,504 interviewed from those entering the system during the reference period (October 1999 - December 2000), and 727 from among children who had been in out-ofhome placement for about 12 months at the time of sampling. These 6,231 children were selected from 92 Primary Sampling Units (PSUs) in 97 counties nationwide. The sample of investigated/assessed cases includes both cases that receive on-going services and cases that are not receiving services, either because they were not substantiated or because it was determined that services were not required. This sample design required oversampling of infants (to ensure that there would be enough cases going through to permanency planning), sexual abuse cases (to ensure that there would be enough cases to have the statistical power to analyze this kind of abuse alone), and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services). The age of children at investigation was capped at 14 years of age to increase the likelihood that youth could be located—a task made more difficult when youth emancipate. This approach allows for generation of national estimates for the full population of children and families entering the system, with power to consider key subgroups of the child welfare population. In response to the mandate in the legislation authorizing the survey, the sample was designed to also calculate state-level estimates for the eight states with the largest numbers of CPS cases.

Data Collection Procedures:

The study collected child- and family-level data from children in the child welfare system, their biological parents, caregivers, teachers, and caseworkers, as well as from administrative records. Face-to-face or telephone interviews were conducted at baseline and at the 18- month follow-up with children, parents and non-parent caregivers.

Source:

 $\underline{\text{http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw}$

http://www.acf.hhs.gov/sites/default/files/opre/nscaw_measures.pdf

http://www.ndacan.cornell.edu/datasets/pdfs user guides/IntroNSCAWWave1.pdf

Vision and Eye Health Variables from the National Survey of Child and Adolescent Well-Being

Table 15. National Survey of Child and Adolescent Well-Being

Variable Name	First Available*	Latest Available	Question	Response Options		
Caregiver						
P_HS1h30a	2009	2012	Is (name) blind, nearly blind, or does he/she have difficulty seeing?	1 Yes 2 No		
P_HS1h31a	2009	2012	Do regular eye glasses or contact lenses completely correct the problem?	1 Yes 2 No		
P_HS1h32a	2009	2012	Has this condition been going on or is it expected to go on for at least one year?	1 Yes 2 No		

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

National Survey of Children's Health

Purpose and Scope:

The National Survey of Children's Health (NSCH) touches on multiple, intersecting aspects of children's lives. The survey includes physical and mental health status, access to quality health care, as well as information on the child's family, neighborhood and social context.

Sample Design:

A random-digit-dialed sample of households with children less than 18 years of age was selected from each of the 50 states and the District of Columbia. One child was randomly selected from all children in each identified household to be the subject of the survey. The respondent was a parent or guardian who knew about the child's health and health care.

The goal of the NSCH was to obtain state-specific sample sizes that were sufficiently large to permit reasonably precise estimates of the health characteristics of children in each state. To achieve these goals, state samples were designed to obtain a minimum of 1,700 completed interviews based on the CDC's National Immunization Survey (NIS) sampling frame. The number of children to be selected in each NIS estimation area was determined by allocating the total of 1,700 children in the state to each NIS estimation area within the state in proportion to the total estimated number of households with children in the NIS estimation area.

Data Collection Procedures:

The National Survey of Children's Health was conducted by telephone in English and Spanish for the first time in 2003-2004. A second survey was fielded in 2007-2008 and a third in 2011.

Notable Features:

The NSCH was designed to produce national and state-specific estimates of the health and wellbeing of all children, their families, and communities. These were the first State and Local Area Integrated Telephone Survey (SLAITS) studies to take full advantage of the NIS sampling frame to produce estimates for each of the 50 states and the District of Columbia (DC). The NSCH questionnaire was designed to immediately follow a completed NIS interview in households with an NIS-eligible child or the NIS screener in households without an NIS-eligible child.

Source:

https://childhealthdata.org/learn/NSCH

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slaits/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf

Vision and Eye Health Variables from the National Survey of Children's Health

Table 16. National Survey of Children's Health

Variable Name	First Available*	Latest Available	Question	Response Options
Caregiver	·	·		
K2Q44A	2007	2011/2012	Has a doctor or other health care provider ever told you that [CHILD] had vision problems that cannot be corrected with glasses or contact lenses?	1 Yes 2 No
K2Q44A_1	2011/2012	2011/2012	Earlier you told me that [S.C.] has been diagnosed with vision problems. How old was [S.C.] when you were first told by a doctor or other health care provider that [he/she] had vision problems that cannot be corrected with standard glasses or contact lenses?	Record age in years or months
K2Q44B	2007	2011/2012	Does [CHILD] currently have vision problems?	1 Yes 2 No
K2Q44C	2007	2011/2012	Would you describe [his/her] vision problems as mild, moderate, or severe?	1 Mild 2 Moderate 3 Severe
S2Q20	2003	2003	Has a doctor or health professional ever told you that (child's name) has hearing problems or vision problems that cannot be corrected with glasses or contact lenses?	1 Yes 2 No
K4Q31	2011/2012	2011/2012	IF AGE < 5 YEARS, READ: Has [S.C.] ever had [his/her] vision tested with pictures, shapes, or letters? IF AGE 5+ YEARS, READ: During the past 2 years, that is, since [FILL INTDATE – 48 MONTHS], has [S.C.] had [his/her] vision tested with pictures, shapes, or letters?	1 Yes 2 No
K4Q32	2011/2012	2011/2012	What kind of place or places did [S.C.] have [his/her] vision tested? Was it an eye doctor's office, a general doctor's office, clinic, school, or some other place? [Mark all that apply]	Eye doctor or eye specialist (ophthalmologist, optometrist) office Pediatrician or other general doctor's office Clinic of health center School Other

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

National Survey of Children with Special Health Care Needs

Purpose and Scope:

The National Survey of Children with Special Health Care Needs was designed to produce national and state-specific estimates of the prevalence of children with special health care needs (CSHCN), describe the types of services that they need and use, assess aspects of the system of care for CSHCN, and evaluate the impact of their needs on their families. The survey provides a broad range of information about the health and functional status of children with special health care needs and is collected in a manner that allows for national estimates and comparisons between states.

Sample Design:

Telephone numbers are called at random to identify households with one or more children under 18 years old. Each child in the household is screened for special health care needs using the CSHCN Screener. In each household, one child was randomly selected to be the subject of the interview. The survey results are weighted to represent the population of non-institutionalized children with special health care needs 0-17 nationally and in each of the 50 states plus the District of Columbia.

Data Collection Procedures:

The sampling and data collection for the NS-CSHCN were conducted using SLAITS (State and Local Area Integrated Telephone Survey). It is a national survey that was conducted by telephone in English and Spanish for the first time in 2001; a second time in 2005-2006; and for a third in 2009-2010.

Notable Features:

The National Survey of Children's Health (NSCH) also complement the National Survey of Children with Special Health Care Needs (NS-CSHCN) by providing data on the health of the general U.S. child population. Results in the NSCH can be stratified by CSHCN status to compare children with special health care needs to those without special needs.

Source:

http://www.childhealthdata.org/learn/NS-CSHCN

Vision and Eye Health Variables from the National Survey of Children with Special Health Care Needs

Table 17. National Survey of Children with Special Health Care Needs

Variable Name	First Available*	Latest Available	Question	Response Options
Caregiver				
S3Q01	2005/2006	2005/2006	Without glasses or contact lenses, would you say [CHILD'S NAME] experiences any difficulty seeing?	1 Yes 2 No
S3Q01A	2005/2006	2005/2006	Does [CHILD'S NAME] wear glasses or contact lenses?	1 Yes 2 No
S3Q01B	2005/2006	2005/2006	Does [CHILD'S NAME] have any difficulty seeing even when wearing glasses or contact lenses?	1 Yes 2 No
C3Q21	2009/2010	2009/2010	Would you say [he/she] experiences a lot, a little, or no difficulty seeing even when wearing glasses or contact lenses?	1 A lot of difficulty 2 A little difficulty 3 No difficulty

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

US Census Survey on Income and Program Participation

Purpose and Scope:

The Survey of Income and Program Participation (SIPP) is a household-based survey designed as a continuous series of national panels. Each panel features a nationally representative sample interviewed over a multi-year period lasting approximately four years. SIPP is a source of data for a variety of topics and provides for the integration of information for separate topics to form a single, unified database. SIPP data provide the most extensive information available on how the nation's economic well-being changes over time, which has been SIPP's defining characteristic since its inception in 1983.

Sample Design:

The SIPP survey design is a continuous series of national panels, with sample size ranging from approximately 14,000 to 52,000 interviewed households. The duration of each panel ranges from 2 $\frac{1}{2}$ to 4 years. The SIPP sample is a multistage-stratified sample of the U.S. civilian non-institutionalized population.

Data Collection Procedures:

The SIPP content through the end of the 2008 Panel centered on a "core" of labor force, program participation, and income questions designed to measure the economic situation of people in the U.S. These core questions expanded the data currently available on the distribution of cash and noncash income and repeated during each wave of interviewing. The survey used a 4-month recall period, with approximately the same number of interviews being conducted in each month or "wave" of the 4-month period. Interviews for all SIPP panels are conducted by personal visit and by decentralized telephone. All household members age 15 years and older are interviewed by self-response, if possible; proxy response is permitted when household members are not available for interviewing.

The survey was also designed to provide a broader context for analysis by adding questions on a variety of topics not covered in the core section. These questions were labeled "topical modules" and assigned to particular interviewing waves of the survey. Topics covered by the modules include personal history, child care, wealth, program eligibility, child support, school enrollment, taxes, annual income, and relevant to this report, utilization and cost of health care and disability.

Notable Features:

Only the 2008 panel wave 6 and wave 10 contained questions on vision.

Source:

http://www.census.gov/programs-surveys/sipp/about.html

Vision and Eye Health Variables from the US Census Survey on Income and Program Participation

Table 18. US Census Survey on Income and Program Participation

Variable Name	First Available*	Latest Available	Question	Response Options				
Adult Functional	Adult Functional Limitations Care Topical Module							
ADQ4	2008- wave 6	n/a	[fill C_DODOES] [fill TEMPNAME] have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if [fill HESHE] usually wear(s) them?	1 Yes 2 No 3 Person is blind				
ADQ5	2008- wave 6	n/a	[fill C_AREIS] [fill TEMPNAME] able to see the words and letters in ordinary newspaper print at all?	1 Yes 2 No				
Child Functional	Limitations Top	oical Module						
CDQ9	2008- wave 6	n/a	Does [fill CDNAME] have difficulty seeing the words and letters in ordinary newspaper print, even when wearing glasses or contact lenses if [fill HESHEG] usually wears them?	1 Yes 2 No 3 Person is blind				
CDQ10	2008- wave 6	n/a	Is [fill CDNAME] able to see the words and letters in ordinary newspaper print at all?	1 Yes 2 No				
Medical Expense	Medical Expenses and Utilization of Health Care Topical Module Care Topical Module							
DISAB2	2008- wave 10	n/a	[fill C_AREIS] [fill HESHE] blind or [fill DODOES] [fill HESHE] have serious difficulty seeing even when wearing glasses?	1 Yes 2 No				

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Appendix A: Examination Variables

In addition to the self-reported data described above, a number of the surveys collect(ed) data through examinations by either a qualified professional or a trained research interviewer. These surveys include:

- 1. The Health and Retirement Study
- 2. The National Health and Nutrition Examination Survey
- 3. The National Health, Social Life, and Aging Project

Details regarding the data are provided below.

Table 19. Health and Retirement Study Examination Variables

Variable Name	First Available*	Latest Available	Exam
DBVCCONSENSE	2006	2009	VISUAL CONTRAST - SUBTRACT LOG CONTRAST SENSITIVITY
DBVISN2 (ABVISN2-2001)	2001	2009	VISUAL ACUITY - 20/(NORMAL EYE SEES AT 20 FT)
DBVACP	2006	2009	WHETHER VISUAL ACUITY TEST COMPLETED
DBVCCP	2006	2009	WHETHER VISUAL CONTRAST SENSITIVITY COMPLETED
DBVATOTCOR	2006	2009	VISUAL ACUITY - TOTAL NUMBER CORRECT
DBVCFINLET	2006	2009	VISUAL CONTRAST - FINAL VALUE OF CORRECT LETTER
DBVCNM	2006	2009	VISUAL CONTRAST - NUMBER MISSED
DBVCNM04	2006	2009	VISUAL CONTRAST - NUMBER MISSED MULT BY 0.04
DBVCCORRECT	2006	2009	VISUAL CONTRAST - WHETHER VISION CORRECTION USED
DBVCEYEDIST	2006	2009	VISUAL CONTRAST - DISTANCE FROM EYES TO CHART

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Table 20. National Health and Nutrition Examination Survey Examination Variable

Variable Name	First Available*	Latest Available	Exam
OPDSRL4, OPDDRL4, OPDURL4	2005	2008	Four levels retinopathy severity, left eye; right eye; worse eye
OPDSAGA , OPDDAGA , OPDUAGA	2005	2008	Any geographic atrophy, left eye; right eye; worse eye
OPDSOTRX , OPDDOTRX , OPDUOTRX	2005	2008	Any other treatment, left eye; right eye; worse eye
OPDSARMA , OPDDARMA , OPDUARMA	2005	2008	Any retinopathy, left eye; right eye; worse eye
OPDSASD , OPDDASD , OPDUASD	2005	2008	Any soft drusen, left eye; right eye; worse eye
OPXSCOMP , OPXDCOMP	2005	2008	Are field 1 & field 2 present, left eye; right eye; worse eye
OPDSARM , OPDDARM , OPDUARM	2005	2008	ARM, 3 severity levels, left eye; right eye; worse eye
OPDSASHY, OPDDASHY, OPDUASHY	2005	2008	Asteroid Hyalosis, left eye; right eye; worse eye
OPDSCHRA , OPDDCHRA , OPDUCHRA	2005	2008	Chorioretinal abnormality left eye; right eye; worse eye
OPDSCHN, OPDDCHN, OPDUCHN	2005	2008	Choroidal nevus, left eye; right eye; worse eye
OPX10D02 , OPX20D02 , OPX10S02 , OPX2OS02	2005	2008	CT result left and right eye; Test 1 and Test2
OPXSHEME , OPXDHEME	2005	2008	Disc Heme, left eye; right eye
OPDSD125, OPDDD125, OPDUD125	2005	2008	Drusen>=125 microns, left eye; right eye; worse eye
OPDSD500, OPDDD500, OPDUD500	2005	2008	Drusen>=500 microns, left eye; right eye; worse eye
OPASCST2	2005	2008	Exam status
OPDSEXC , OPDDEXC	2005	2008	Excavation, left eye; right eye
OPDSAREX , OPDDAREX	2005	2008	Excluded for ARM, left eye; right eye
OPDSEXU , OPDDEXU , OPDUEXU	2005	2008	Exudative ARM, left eye; right eye; worse eye
OPASCST1, OPASCCT1	2005	2008	FDT Exam Status; FDT Exam Status Comment
OPXSF1FO , OPXDF1FO	2005	2008	Field 1 Focus, left eye; right eye
OPXSF1, OPXDF1	2005	2008	Field 1 Present, left eye; right eye
OPXSF2FO , OPXDF2FO	2005	2008	Field 2 Focus, left eye; right eye
OPXSF2 , OPXDF2	2005	2008	Field 2 Present, left eye; right eye
OPDOSFDT , OPDODFDT	2005	2008	Final FDT left eye status; right eye status
OPDSFAN, OPDDFAN, OPDUFAN	2005	2008	Focal arteriolar narrowing, left eye; right eye; worse eye
OPDSFOC , OPDDFOC , OPDUFOC	2005	2008	Focal photocoag. scars for ME, left eye; right eye; worse eye
OPDSGA , OPDDGA , OPDUGA	2005	2008	Geographic atrophy, left eye; right eye; worse eye

Variable Name	First Available*	Latest Available	Exam
OPXSGLAU , OPXDGLAU	2005	2008	Glaucoma, left eye; Glaucoma, right eye
OPXSGRBL , OPXDGRBL	2005	2008	Gradability of images, left eye; right eye
OPDSHD , OPDDHD , OPDUHD	2005	2008	Hard distinct drusen, left eye; right eye; worse eye
OPDSPOHS, OPDDPOHS, OPDUPOHS	2005	2008	Histoplasmosis syndrome, left eye; right eye; worse eye
OPDSHOLL , OPDDHOLL , OPDUHOLL	2005	2008	Hollenhorst plaque, left eye; right eye; worse eye
OPDSIRP , OPDDIRP , OPDUIRP	2005	2008	Increased retinal pigment, left eye; right eye; worse eye
OPDSIRMA , OPDDIRMA , OPDUIRMA	2005	2008	IRMA, left eye; right eye; worse eye
OPDSLARM , OPDDLARM , OPDULARM	2005	2008	Late ARM, left eye; right eye; worse eye
VIDLVA , VIDLOVA	2005	2008	Left visual acuity, presenting; w/ obj. refraction
OPDSMEC , OPDDMEC , OPDUMEC	2005	2008	Macular edema in center, left eye; right eye; worse eye
OPDSME , OPDDME , OPDUME	2005	2008	Macular edema, left eye; right eye; worse eye
OPDSMACH, OPDDMACH, OPDUMACH	2005	2008	Macular hole, left eye; right eye; worse eye
OPDSHMA , OPDDHMA , OPDUHMA	2005	2008	MAS, HEM, left eye; right eye; worse eye
OPX10S05, OPX2OS05, OPX1OD09, OPX2OD09, OPX1OS03, OPX2OS03, OPX1OD07, OPX2OD07, OPX1OS15, OPX1OD11, OPX2OS15, OPX2OD11, OPX1OS17, OPX2OS17, OPX1OD13, OPX2OD13, OPX1OS06, OPX2OS06, OPX1OD10, OPX2OD10, OPX1OS04, OPX2OS04, OPX1OD08, OPX2OD08, OPX1OS16, OPX2OS16, OPX1OD12, OPX2OD12, OPX1OS18, OPX2OS18, OPX1OD14, OPX2OD14, OPX1OS01, OPX2OS01, OPX1OD20, OPX2OD20	2005	2008	NI-N7 results left and right eye, Test 1 and Test 2
OPX1OSTN, OPX2OSTN, OPX1ODTN, OPX2ODTN	2005	2008	No fixation per Tech left and right eye, Test 1 and Test 2
OPDSNOT, OPDDNOT	2005	2008	Notch, left eye; right eye
OPX1OS00, OPX2OS00, OPX1OD19, OPX2OD19	2005	2008	NS result left and right eye, Test 1 and Test 2v
OPDSOTHC, OPDDOTHC, OPDUOTHC	2005	2008	Other ocular conditions, left eye; right eye; worse eye
OPDSPPS, OPDDPPS, OPDUPPS	2005	2008	Panret. photocoagulation scar, left eye; right eye; worse eye
OPDSPPA , OPDDPPA , OPDUPPA	2005	2008	Peripapillary atrophy, left eye; right eye; worse eye
OPXSPHAR , OPXDPHAR	2005	2008	Photo Prob - Arc, left eye; right eye
OPXSPHDD , OPXDPHDD	2005	2008	Photo Prob - Dust/Dirt, left eye; right eye
OPXSPHFD , OPXDPHFD	2005	2008	Photo Prob - Field Definition, left eye; right eye
OPXSPHHZ , OPXDPHHZ	2005	2008	Photo Prob - Haze, left eye; right eye

Variable Name	First Available*	Latest Available	Exam
OPXSPHIL , OPXDPHIL	2005	2008	Photo Prob - Illumination, left eye; right eye
OPXSPHLA , OPXDPHLA	2005	2008	Photo Prob - Lashes, left eye; right eye
OPXSPHOT , OPXDPHOT	2005	2008	Photo Prob - Other, left eye; right eye
OPXSPHRC , OPXDPHRC	2005	2008	Photo Prob - Red Channel, left eye; right eye
OPXSPHPR, OPXDPHPR	2005	2008	Photo Problems, left eye; right eye
OPDSPHVH , OPDDPHVH , OPDUPHVH	2005	2008	Pre - ret./ vitreous hemorrhage, left eye; right eye; worse eye
OPXSPMM , OPXDPMM	2005	2008	Pupil Size, left eye; right eye
OPXSQUAL , OPXDQUAL	2005	2008	Quality, left eye; right eye
OPDSREA , OPDDREA	2005	2008	Reason for ARM exclusion, left eye; right eye
OPASCCT2	2005	2008	Reason for not done/partial
SEQN	2005	2008	Respondent sequence number
OPX1OSBS, OPX2OSBS, OPX1ODBS, OPX2ODBS	2005	2008	Response to BS stimulus left and right eye, Test 1 and Test 2
OPX10SFP, OPX20SFP, OPX10DFP, OPX20DFP	2005	2008	Response to FP stimulus left and right eye, Test 1 and Test 2
OPDSPIGA , OPDDPIGA , OPDUPIGA	2005	2008	Ret. & pigmentary abnormal, left eye; right eye; worse eye
OPDSCVO , OPDDCVO , OPDUCVO	2005	2008	Ret. central vein occlusion, left eye; right eye; worse eye
OPDSBCO , OPDDBCO , OPDUBCO	2005	2008	Retinal artery occlusion, left eye; right eye; worse eye
OPDSAVN , OPDDAVN , OPDUAVN	2005	2008	Retinal AV nicking, left eye; right eye; worse eye
OPDSHEM , OPDDHEM , OPDUHEM	2005	2008	Retinal blot hemorrhages, left eye; right eye; worse eye
OPDSBVO , OPDDBVO , OPDUBVO	2005	2008	Retinal branch vein occlusion, left eye; right eye; worse eye
OPDSRDET , OPDDRDET , OPDURDET	2005	2008	Retinal detachment, left eye; right eye; worse eye
OPDSRFP , OPDDRFP , OPDURFP	2005	2008	Retinal fibrous proliferation, left eye; right eye; worse eye
OPDSHE , OPDDHE , OPDUHE	2005	2008	Retinal hard exudate, left eye; right eye; worse eye
OPDSMA , OPDDMA , OPDUMA	2005	2008	Retinal microaneurysms, left eye; right eye; worse eye
OPDSNVE , OPDDNVE , OPDUNVE	2005	2008	Retinal new vessels elsewhere, left eye; right eye; worse eye
OPDSNVO , OPDDNVO , OPDUNVO	2005	2008	Retinal new vessels on disc, left eye; right eye; worse eye
OPDSSE, OPDDSE, OPDUSE	2005	2008	Retinal soft exudate, left eye; right eye; worse eye
OPDSVB , OPDDVB , OPDUVB	2005	2008	Retinal venous beading, left eye; right eye; worse eye
OPDSRET , OPDDRET , OPDURET	2005	2008	Retinopathy level, left eye; right eye; worse eye

Variable Name	First Available*	Latest Available	Exam
VIDRVA, VIDROVA, VIXKRCG, VIXKRG1, VIXKRG2, VIXKRCD, VIXKRD1, VIXKRD2, VIXKRDM, VIXKRM1, VIXKRM2, VIXKRMM, OPDSRPE, OPDDRPE, OPDURPE, OPDSPED, OPDDPED, OPDUPED, OPXSSIZE, OPXDSIZE, OPDSSDD, OPDDSDD, OPDUSDD, OPDSSID	2005	2008	Right and left keratometry: radius flat curve (mm); power flat curve (D); axis flat curve (deg); radius steep curve(mm); power steep curve (D); axis steep curve (deg); radius, average (mm); power, average (D); cylinder; axis (deg); flat curve (mm); power flat curve (D); axis flat curve (deg); radius steep curve(mm); power steep curve (D); axis steep curve (deg); radius, average (mm); power, average (D); cylinder; axis (deg)
VIDRVA , VIDROVA	2005	2008	Right and left visual acuity, presenting; w/ obj. refraction
OPDSRPE , OPDDRPE , OPDURPE	2005	2008	RPE depigmentation, left eye; right eye; worse eye
OPDSPED , OPDDPED , OPDUPED	2005	2008	RPE/sensory ret. detachment, left eye; right eye; worse eye
OPXSSIZE , OPXDSIZE	2005	2008	Size, left eye; right eye
OPDSSDD , OPDDSDD , OPDUSDD	2005	2008	Soft distinct drusen, left eye; right eye; worse eye
OPDSSID , OPDDSID , OPDUSID	2005	2008	Soft indistinct drusen, left eye; right eye; worse eye
VIQ110	2005	2008	SP has severe eye infection?
VIQ130	2005	2008	SP wearing eye patch
OPDSSFS , OPDDSFS , OPDUSFS	2005	2008	Subretinal fibrous scar, left eye; right eye; worse eye
OPDSSUBH , OPDDSUBH , OPDUSUBH	2005	2008	Subretinal hemorrhage, left eye; right eye; worse eye
OPDSSNV , OPDDSNV , OPDUSNV	2005	2008	Subretinal new vessels, left eye; right eye; worse eye
OPDSSWR , OPDDSWR , OPDUSWR	2005	2008	SW, cellophane changes, left eye; right eye; worse eye
OPDSSWRT, OPDDSWRT, OPDUSWRT	2005	2008	SW, traction changes, left eye; right eye; worse eye
OPX10S10, OPX2OS10, OPX10D06, OPX2OD06, OPX10S08, OPX2OS08, OPX10D04, OPX2OD04, OPX10S12, OPX10D16, OPX2OS12, OPX2OD16, OPX10S14, OPX2OS14, OPX10D18, OPX2OD18, OPX10S09, OPX2OS09, OPX10D05, OPX2OD05, OPX10S07, OPX2OS07, OPX10D03, OPX2OD03, OPX1OS11, OPX2OS11, OPX10D15, OPX2OD15, OPX1OS13, OPX2OS13, OPX10D17, OPX2OD17	2005	2008	T1-T8 results left and right eye, Test 1 and Test2
OPDSTIL , OPDDTIL	2005	2008	Tilted, left eye; Tilted, right eye
OPDSARMX , OPDDARMX , OPDUARMX	2005	2008	Treatment for ARM, left eye; right eye; worse eye
OPXSRCDR , OPXDRCDR	2005	2008	Vertical CDR, re - read images, left eye; right eye
OPDSVCDR , OPDDVCDR	2005	2008	Vertical cup disc ratio, left eye; right eye
VIQ141	2005	2008	If VIQ130 = "Yes" record which eye(s) is/are affected.
VIQ250	2005	2008	Did the examiner capture the prescription of the examinee's lens?

Variable Name	First Available*	Latest Available	Exam
VIQ220	2005	2008	Do you wear glasses or contact lenses for distance vision, such as when you watch television?
VIQ150	2005	2008	Do you wear glasses or contact lenses for reading or near work?
VIQ121	2005	2008	if VIQ110 = "Yes" record which eye(s) is/are affected.
VIQ160	2005	2008	If VIQ150= "Yes", record if the examinee brought their near work glasses, or a combination of glasses and/or contacts to the testing facility
VIQ170	2005	2008	If VIQ160= "Yes", record whether the examinee wore glasses, contacts, or a combination of glasses and/or contacts for test of near vision
VIQ211	2005	2008	if VIQ200 = "Yes", record which eye(s) was/were operated on for cataracts.
VIQ240	2005	2008	If VIQ230 = "Yes", record the type of correction (glasses, contacts, or a combination of glasses and contacts) the SP has with them.
VIXORCM, VIXORSM, VIXPLA, VIXPLC, VIXPLS, VIXPRA, VIXPRC, VIXPRS	2005	2008	Objective refraction: right sphere, median; cylinder, median; right axis, median; right confidence level reading; left sphere, median; cylinder, median; left axis, median; left confidence level reading
VIXPLA, VIXPLC, VIXPLS, VIXPRA, VIXPRC, VIXPRS	2005	2008	Prescription: right sphere; right cylinder; right axis; left sphere; left cylinder; left axis
VIXOCMT	2005	2008	Visual Acuity Comments

^{*}Only surveys conducted between 1999 and 2015 were considered for inclusion in this report.

Table 21. National Social Life, Health, and Aging Project

Variable Name	First Available	Latest Available	Exam
DVDISTCE	2005/2006	2005/2006	RECORD DISTANCE
DVLINE	2005/2006	2005/2006	RECORD SMALLEST LINE READ CORRECTLY BY R
GLASSES	2005/2006	2005/2006	DID THE RESPONDENT WEAR GLASSES OR CONTACTS TO READ THE CHART?