



Sightrisk AMD Calculator

Assess your risk of developing age-related macular degeneration (AMD), the leading cause of blindness in the developed world.

Complete the questionnaire overleaf and hand it to your eyecare professional.

www.sightrisk.com 

Name: _____

Age: _____

1. Does or did either one of your parents, brothers or sisters suffer from age-related macular degeneration (AMD)?

- Yes No I don't know

2. How many cigarettes do you smoke per day?

- None: never smoked None: past smoker 10 or fewer 11 to 20 21 to 30 31 to 40 More than 40

3. How many portions of fruit and vegetables do you eat per day?

- 5 or more 2 to 4 Fewer than 2

4. How many portions of fish and shellfish do you eat per week?

- 2 or more Fewer than 2

5. Do you take supplements which contain lutein, zeaxanthin or meso-zeaxanthin?

If you are not sure, check the ingredients on your supplement container or ask your eyecare professional

- Yes I do take supplements but they do not contain lutein, zeaxanthin or meso-zeaxanthin No

6. Do you take Omega 3 supplements?

- Yes No

7. What is your ethnicity?

- Black Mixed White

8. What is your BMI (Body Mass Index)?

- Less than 25 25 to 30 More than 30 I don't know

If unknown, enter your height and weight:

Height: _____ (m/cm or feet/inches)

Weight: _____ (kilos or stones/pounds)

9. What is your sex?

- Male Female

10. During your life how much time have you spent outside during daylight hours?

- A little (mostly indoors) Same amount of time indoors as outdoors A lot (mostly outdoors)

11. Do you wear sunglasses most of the time when outdoors?

- Yes No

12. What is your cholesterol level?

- Normal High I don't know

13. What is your blood pressure level?

- Normal Well controlled Inadequately controlled I don't know

14. Do you have age-related macular degeneration (AMD) in either eye which affects your vision?

- Yes No I don't know

15. Has your eyecare professional told you that you have early AMD in either eye which does not yet affect your vision?

- Yes No I don't know

16. Are you long-sighted?

- Yes No I don't know

17. If yes, what is your distance prescription? *If you are not sure, ask your eyecare professional*

- 1 dioptré or less More than 1 dioptré I don't know

18. What colour are your eyes?

- Dark: dark brown, dark hazel or black Medium: hazel or light brown Light: blue, green or grey

19. Have you ever had cataract surgery?

- Yes No I don't know