

## AMD RISK ASSESSMENT

Complete the following information to calculate your patient's predicted risk of developing AMD. Importantly, the more information provided, the stronger the confidence of the predicted risk.

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### Personal Information

Name:

Current Age:

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Please select your Gender:

Male

Female

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Please select your Ethnicity:

White Caucasian

Mixed

Non-white

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Iris color:

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Has either of your parents or any siblings been diagnosed with age-related macular degeneration:

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## Non-ocular and Lifestyle Risks

If you have had cataract surgery,  
select the option that best applies:

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If you smoke now or have smoked in  
the past please select the option  
that best represents your smoking  
habits

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Are you exposed to second-hand  
smoke? Select the option that best  
represents your exposure

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Select the number of portions of  
fruits and vegetables that you eat  
each day:

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Select the number of portions of fish  
and/or shellfish you eat each week:

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Select the option that best describes  
the anti-oxidant supplements that  
you take on a daily basis for the past  
three months:

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Select the option that best describes  
the omega-3 fatty acids that you  
take on a daily basis for the past  
three months::

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Prolonged exposure to sunlight  
outdoors and fluorescent lights  
indoors, LED computers, tablets and  
cell phone displays can lead to

macular damage over a lifetime.  
Select an option that best describes  
your exposure to any of these light  
sources:

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Do you suffer from glare? Select an  
option that applies to best describe  
your sensitivity to glare:

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Select the option that best describes  
when you had your last medical  
physical:

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Select the option that best describes  
your cholesterol levels:

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Select the option that best describes  
your blood pressure (hypertension):

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Select the option that best describes  
your diabetes:

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Body Mass Index (BMI):

Enter your height (in inches):

Enter your weight (in pounds):