

Glaucoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Age-Related Macular Degeneration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetic	<input type="checkbox"/> No	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2
Diabetic retinopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family history of eye diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know