OHTS Visual Functioning Questionnaire: VQ

idnum Patient ID: ☐☐ ☐☐☐☐☐

vfq_examdate Visit Date: ☐☐ / ☐☐ / ☐☐
mm dd yy

INSTRUCTIONS: This survey asks about problems with your vision. Answer every question by circling the appropriate number. If you are unsure about how to answer a question, please give the best answer you can. NOTE: If you wear glasses or contact lenses, answer the questions as if you were wearing them.

phone_vfq Was the Visual Functioning Questionnaire completed by telephone survey? 1 ☐ Yes 2 ☐ No

coord_vfq Coordinators Certification if VFQ completed by telephone survey. ☐☐☐

PART 1 - GENERAL HEALTH AND VISION

1. In general, would you say your overall health is: health

(Circle One)

Excellent	1	1
Very Good	2	2
Good	3	3
Fair	4	4
Poor	5	5

2. At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?

gvnow *(Circle One)*

Excellent	1	1
Good	2	2
Fair	3	3
Poor	4	4
Very Poor	5	5
Completely Blind	6	6

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3. How much of the time do you worry about your eyesight?

gvworry

(Circle One)

None of the time..... 1 1
A little of the time..... 2 2
Some of the time..... 3 3
Most of the time..... 4 4
All of the time? 5 5

4. How much pain or discomfort have you had in and around your eyes (for example, burning, itching, or aching)? Would you say it is:

gvpain2

(Circle One)

None..... 1 1
Mild..... 2 2
Moderate..... 3 3
Severe, or 4 4
Very severe? 5 5

PART 2 - DIFFICULTY WITH ACTIVITIES

The next questions are about how much difficulty, if any, you have doing certain activities while wearing your glasses or contact lenses if you use them for that activity.

5. How much difficulty do you have reading ordinary print in newspapers? Would you say you have:

rd_newsp

(Circle One)

No difficulty at all..... 1 1
A little difficulty 2 2
Moderate difficulty 3 3
Extreme difficulty..... 4 4
Stopped doing this because of your eyesight..... 5 5
Stopped doing this for other reasons or not interested in doing this.....6 6

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6. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools? Would you say: upclose

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

7. Because of your eyesight, how much difficulty do you have finding something on a crowded shelf?

shelves

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

8. How much difficulty do you have reading street signs or the names of stores?

signs

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

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9. Because of your eyesight, how much difficulty do you have <u>going down steps, stairs, or curbs in dim light or at night</u>? stepsdim

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

10. Because of your eyesight, how much difficulty do you have <u>noticing objects off to the side while you are walking along</u>?

offside

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

11. Because of your eyesight, how much difficulty do you have <u>seeing how people react to things</u> you say?

reaction

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

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12. Because of your eyesight, how much difficulty do you have picking out and matching your own clothes?

clothes

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

13. Because of your eyesight, how much difficulty do you have visiting with people in their homes, at parties, or in restaurants ?

othrhome

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
Stopped doing this for other reasons or not interested in doing this	6	6

14. Because of your eyesight, how much difficulty do you have going out to see movies, plays, or sporting events?

goingout

(Circle One)

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Stopped doing this because of your eyesight	5	5
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15. Are you <u>currently driving</u>, at least once in a while?

drivenow *(Circle One)*

1 Yes ..... 1 *Skip To Q 15c*

2 No..... 2

15a. IF NO: Have you <u>never</u> driven a car or have you <u>given up driving</u>?

drivever *(Circle One)*

1 Never drove..... 1 *Skip To Part 3, Q 17*

2 Gave up 2

15b. IF YOU GAVE UP DRIVING: Was that <u>mainly because of your eyesight</u>, <u>mainly for some other reason</u>, or because of <u>both your eyesight and other reasons</u>?

drivewhy *(Circle One)*

1 Mainly eyesight..... 1 *Skip To Part 3, Q 17*

2 Mainly other reasons..... 2 *Skip To Part 3, Q 17*

3 Both eyesight and other reasons ..... 3 *Skip To Part 3, Q 17*

15c. IF CURRENTLY DRIVING: How much difficulty do you have <u>driving during the daytime in familiar places</u>? Would you say you have:

driveday *(Circle One)*

1 No difficulty at all..... 1

2 A little difficulty 2

3 Moderate difficulty 3

4 Extreme difficulty 4

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16. How much difficulty do you have <u>driving at night</u>? Would you say you have:

drivengt *(Circle One)*

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Have you stopped doing this because of your eyesight	5	5
Have you stopped doing this for other reasons or are you not interested in doing this	6	6

16a. How much difficulty do you have <u>driving in difficult conditions</u>, such as in bad weather, during rush hour, on the freeway, or in city traffic? Would you say you have:

drivedif *(Circle One)*

No difficulty at all	1	1
A little difficulty	2	2
Moderate difficulty	3	3
Extreme difficulty	4	4
Have you stopped doing this because of your eyesight	5	5
Have you stopped doing this for other reasons or are you not interested in doing this	6	6

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PART 3: RESPONSES TO VISION PROBLEMS

The next questions are about things you may do because of your vision.
For each one, please circle the number to indicate whether for you the statement is true for you all, most, some, a little, or none of the time.

(Circle One On Each Line)

READ CATEGORIES:	All of the time 1	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5
17. Do you accomplish less than you would like because of your vision? doless	1	2	3	4	5
18. Are you limited in how long you can work or do other activities because of your vision? howlong	1	2	3	4	5
19. How much does pain or discomfort in or around your eyes, for example, burning, itching, or aching, keep you from doing what you'd like to be doing? gvpain1a	1	2	3	4	5

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For each of the following statements, please circle the number to indicate whether for you the statement is definitely true, mostly true, mostly false, or definitely false for you or you are not sure.

(Circle One On Each Line)

		Definitely 1 True	Mostly 2 True	Not 3 Sure	Mostly 4 False	Definitely 5 False
stayhome	20. I stay home most of the time because of my eyesight.	1	2	3	4	5
frustrat	21. I feel frustrated a lot of the time because of my eyesight.	1	2	3	4	5
lessctrl	22. I have much less control over what I do, because of my eyesight.	1	2	3	4	5
relyothr	23. Because of my eyesight, I have to rely too much on what other people tell me.	1	2	3	4	5
needhelp	24. I need a lot of help from others because of my eyesight.	1	2	3	4	5
gvembar	25. I worry about doing things that will embarrass myself or others, because of my eyesight.	1	2	3	4	5

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