

## VISUAL FUNCTION QUESTIONNAIRE

ID. No.: subjid \_ \_ \_ \_ Alpha Code: alpha\_code Visit #: vfqvisit

**NOTE:** To be completed at the baseline, week 4, and months 6 and 12 study visits. The study team should read the questions to the subject and record their answers.

*“The first two questions are about your overall eyesight. I will read out a choice of five answers and you will choose the one that describes you best.”*

	Circle the number corresponding to the answer				
	Very Good	Good	Moderate	Bad	Very Bad
1. Overall, how would you <u>rate your eyesight</u> using both eyes – with glasses or contact lenses if you wear them? <u>vfqoverall</u>	1	2	3	4	5

	None	Mild	Moderate	Severe	Extreme
2. How much <u>pain or discomfort</u> do you have in your eyes (e.g. burning, itching, aching)? <u>vfqpain</u>	1	2	3	4	5

*“In the next section, I am going to ask you how much difficulty, if any, you have doing certain activities. I will read out choice of five answers and you will choose the one that describes you best.”*

	Circle the number corresponding to the answer				
	None	Mild	Moderate	Severe	Extreme/ Cannot do
3. Because of your eyesight, how much difficulty do you have in <u>going down steps/stairs/ steep slopes</u> ? <u>vfqsteps</u>	1	2	3	4	5
4. How much difficulty do you have in <u>noticing obstacles</u> while you are walking alone (e.g. animals or vehicles)? <u>vfqobstacles</u>	1	2	3	4	5
5. How much difficulty do you have in <u>seeing because of glare</u> from bright lights <u>vfqglare</u>	1	2	3	4	5
6. Because of your eyesight, how much difficulty do you have in <u>searching for something</u> on a crowded shelf? <u>vfqsearch</u>	1	2	3	4	5
7. How much difficulty do you have in <u>seeing differences in colours</u> ? <u>vfqcolours</u>	1	2	3	4	5
8. Because of your eyesight, how much difficulty do you have in <u>recognizing the face of a person standing near you</u> ? <u>vfqface</u>	1	2	3	4	5

## VISUAL FUNCTION QUESTIONNAIRE

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ID. No.: ____ - ____ Alpha Code: ____ Visit #: ____ </div>					
	None	Mild	Moderate	Severe	Extreme/ Cannot do
<b>9.</b> How much difficulty do you have in <u>seeing the level in a container</u> when pouring? <span style="color: red;">vfqcontainer</span>	1	2	3	4	5
<b>10.</b> Because of your eyesight, how much difficulty do you have in going to activities outside of the house on your own (e.g. sporting events, shopping, religious events)? <span style="color: red;">vfqoutside</span>	1	2	3	4	5
<b>11.</b> Because of your eyesight, how much difficulty do you have in recognizing people you know from a distance of 20 metres? (e.g. from that building/tree – give marker of 20 meters) <span style="color: red;">vfqdistance</span>	1	2	3	4	5
<b>12.</b> How much difficulty do you have in seeing close objects (e.g. making out differences in coins or notes, reading newsprint)? <span style="color: red;">vfqobjects</span>	1	2	3	4	5
<b>13.</b> How much difficulty do you have in seeing irregularities in the path when walking (e.g. potholes)? <span style="color: red;">vfqirreg</span>	1	2	3	4	5
<b>14.</b> How much difficulty do you have in seeing after a few moments when coming inside after being in bright sunlight? <span style="color: red;">vfqbright</span>	1	2	3	4	5
<b>15.</b> How much difficulty do you have in doing activities that require you to see well close up (e.g. sewing – not including threading the needle, using hand tools)? <span style="color: red;">vfqclose</span>	1	2	3	4	5
<b>16.</b> Because of your eyesight, how much difficulty do you have in carrying out your usual work? <span style="color: red;">vfqusual</span>	1	2	3	4	5

## VISUAL FUNCTION QUESTIONNAIRE

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit #: \_\_\_\_

*“In the next section, I am going to ask you how you feel because of your vision problem. I will read out a choice of five answers and you will choose the one that describes you best.”*

	Circle the number corresponding to the answer				
	Never	Rarely	Sometimes	Often	Very Often
17. Because of your eyesight, how often have you been <u>hesitant to participate in social functions</u> ? <b>vfqsocial</b>	1	2	3	4	5
18. Because of your eyesight, how often have you found that you are <u>ashamed or embarrassed</u> ? <b>vfqashamed</b>	1	2	3	4	5
19. Because of your eyesight, how often have you felt that you are a <u>burden on others</u> ? <b>vfqburden</b>	1	2	3	4	5
20. Because of your eyesight, how often do you <u>worry that you may lose your remaining eyesight</u> ? <b>vfqworry</b>	1	2	3	4	5
21. Does your vision problem affect your life in ways we have not mentioned? <b>vfqvision</b>	Yes ( ) <sub>1</sub> No ( ) <sub>2</sub>		21a. If YES, describe how: <b>vfqvision_specify</b>		
22. Are there things you are unable to do because of your eye problem? <b>vfqunable</b>	Yes ( ) <sub>1</sub> No ( ) <sub>2</sub>		22a. If YES, describe: <b>vfqunable_specify</b>		

23. Name & certification number of study team member completing form

- a. Print Name: \_\_\_\_\_
- b. Certification #: \_\_\_\_\_

24. Date form completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Data entry complete date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Data entered by initials: \_\_\_\_