

2005-06 Questionnaire

VISION – VIQ
Target Group: SPs 12+ (NEW)

BOX 1
OMITTED

VIQ.010 Next I have some questions about {your/SP's} **ability to see.**

With both eyes open, can {you/he/she} see light?

- YES 1 (VIQ.031)
- NO 2
- REFUSED 7
- DON'T KNOW 9

CAPI INSTRUCTION:

IF VIQ.010 = 2 AND MCQ.140 = 1, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT – PLEASE VERIFY BY REENTERING THE RESPONSE." CAPI SHOULD DISPLAY VIQ.010 AGAIN WITH BLANK ENTRY.

IF VIQ.010 = 2 AND MCQ.140 = 2, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT. EARLIER SP REPORTED NO TROUBLE SEEING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW." DISPLAY RESPONSES TO BOTH – WITH LABELS. MCQ.140 – TROUBLE SEEING, VIQ.010 – SEE LIGHT, HIGHLIGHT MUST BE ON VIQ.010.

VIQ.017 {Are you/Is SP} blind in both eyes?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CAPI INSTRUCTION:

IF VIQ.010 = 2 (NO) AND VIQ.017 = 2 (NO), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP IS **NOT** BLIND. EARLIER SP REPORTED THAT HE/SHE **CANNOT SEE LIGHT.** RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE QUESTION BELOW:" DISPLAY RESPONSES TO BOTH VIQ.010 AND VIQ.017 WITH LABELS. PLACE HIGHLIGHT ON VIQ.010.

BOX 1A

CHECK ITEM VIQ.024:
IF VIQ.017 = 1, GO TO VIQ.071.
OTHERWISE, CONTINUE.

BOX 1A
OMITTED

BOX 2
OMITTED

VIQ.031 At the **present time**, would you say {your/SP's} eyesight, with glasses or contact lenses if {you/s/he} wear them, is . . .

- excellent, 1
- good, 2
- fair, 3
- poor, or 4
- very poor?..... 5
- REFUSED 7
- DON'T KNOW 9

CAPI INSTRUCTION:

IF VIQ.010 = 2 AND VIQ.031 = 1 (EXCELLENT vision), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT. SP REPORTED EXCELLENT VISION. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."
DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT
VIQ.031 = 1 (EXCELLENT vision)

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.041 How much of the time {do you/does SP} worry about {your/his/her} eyesight? Would you say . . .

- none of the time, 0
- a little of the time, 1
- some of the time, 2
- most of the time, or 3
- all of the time? 4
- REFUSED 7
- DON'T KNOW 9

BOX 3

CHECK ITEM VIQ.049:
IF SP AGE < 20, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

VIQ.051

The next questions are about how much difficulty, if any, {you have/SP has} doing certain activities, such as reading ordinary newsprint or going down steps. If {you/s/he} usually wear{s} glasses or contact lenses to do these activities, please rate {your/his/her} ability to do them while wearing {your/his/her} glasses or contacts.

How much difficulty {do you/does SP} have . . .

HAND CARD VIQ1.

READ CATEGORIES TO RESPONDENT IF NECESSARY.

RESPONSES: NO DIFFICULTY = 1, A LITTLE DIFFICULTY = 2, MODERATE DIFFICULTY = 3, EXTREME DIFFICULTY = 4, UNABLE TO DO BECAUSE OF EYESIGHT = 5, DOES NOT DO THIS FOR OTHER REASONS = 6, REFUSED = 7, DONT KNOW = 9.

- a. **reading ordinary print in newspapers?** _____
- b. **doing work or hobbies that require {you/him/her} to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?** _____
- c. **going down steps, stairs, or curbs in dim light or at night?**..... _____
- d. **noticing objects off to the side while {you are/s/he is} walking?** _____
- e. **finding something on a crowded shelf?**..... _____

VIQ.056 How much difficulty {do you/does SP} have driving during the daytime in familiar places?

HAND CARD VIQ2

NO DIFFICULTY	1
A LITTLE DIFFICULTY.....	2
MODERATE DIFFICULTY	3
EXTREME DIFFICULTY	4
UNABLE TO DO BECAUSE OF EYESIGHT	5
DOES NOT DO THIS FOR OTHER REASONS	6
NEVER DROVE	7
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION:

IF VIQ.010 = 2 AND VIQ.056 = 1 (NO DIFFICULTY), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE REPORTED THAT SP CANNOT SEE LIGHT. SP REPORTED NO DIFFICULTY DRIVING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."

DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT
VIQ.056 = 1 (NO DIFFICULTY),

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.061 How limited {are you/is SP} in how long {you/s/he} can work or do other daily activities such as housework, child care, school, or community activities because of {your/his/her} vision? Would you say {you are/s/he is} limited . . .

none of the time,.....	0
a little of the time,	1
some of the time,	2
most of the time, or.....	3
all of the time?	4
REFUSED	7
DON'T KNOW	9

VIQ.071 {Have you/Has SP} **ever** had a cataract operation?

YES	1
NO	2 (BOX 4)
REFUSED	7 (BOX 4)
DON'T KNOW	9 (BOX 4)

VIQ.081 Was the operation in {your/SPs} right eye, left eye, or both eyes?

- RIGHT EYE 1
- LEFT EYE 2
- BOTH 3
- REFUSED 7
- DON'T KNOW 9

BOX 4

CHECK ITEM VIQ.089:
IF SP AGE < 40, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

VIQ.090 {Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} glaucoma, sometimes called high pressure in {your/his/her} eyes?

- YES 1
- NO 2 (VIQ.110)
- REFUSED 7 (VIQ.110)
- DON'T KNOW 9 (VIQ.110)

VIQ.100 Was the glaucoma in {your/his/her} right eye, left eye, or both eyes?

- RIGHT EYE 1
- LEFT EYE 2
- BOTH 3
- REFUSED 7
- DON'T KNOW 9

VIQ.110 {Have you/Has SP} ever been told by an eye doctor that {you have/s/he has} age-related macular degeneration?

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

VIQ.120 Was the age-related macular degeneration in {your/his/her} right eye, left eye, or both eyes?

- RIGHT EYE 1
- LEFT EYE 2
- BOTH 3
- REFUSED 7
- DON'T KNOW 9