

VISION - VIQ

VIQ.020 IS {SP} COMPLETELY BLIND OR UNABLE TO SEE AT ALL?

ASK IF NOT OBVIOUS

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

**BOX 1**

**CHECK ITEM VIQ.021:**  
IF SP AGE > = 50, CONTINUE WITH BOX 2.  
OTHERWISE, GO TO END OF SECTION.

**BOX 2**

**CHECK ITEM VIQ.025:**  
IF VIQ.020 = 1, GO TO VIQ.040.  
OTHERWISE, CONTINUE WITH VIQ.030.

VIQ.030 Next I have general questions about {your/SP's} vision.

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

VIQ.040 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

VIQ.050 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.

**Questionnaire: SP (2001-02)**  
**Target Group: SPs 20+**

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, DON'T 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.055 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

VIQ.060 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.070 {Have you/Has SP} **ever** had a cataract operation?

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

VIQ.080 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