

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 newspaper 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, 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