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.
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