

VISION - VIQ_C

VIQ.010 Next I have general questions about {your/SP's} vision.

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

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

BOX 1

CHECK ITEM VIQ.021A:
IF SP AGE > = 50, CONTINUE WITH BOX 1A.
OTHERWISE, GO TO END OF SECTION.

BOX 1A

CHECK ITEM VIQ.024:
IF VIQ.010 = 2 (NO), GO TO VIQ.071.
OTHERWISE, CONTINUE.

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

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

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, 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.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 |

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 (END OF SECTION) |
| REFUSED | 7 (END OF SECTION) |
| DON'T KNOW | 9 (END OF SECTION) |

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 |