## Nursing Home Vision-Targeted Health-Related Quality of Life Questionnaire $(NHVQoL)\,$

Interviewer-A	Admi	nistered
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Partici	pant Number			_								
Name						Date	;					
1.	How would you rate your eyesight now using your glasses if you wear them, on a scale from 0 to 10, where zero means the worst possible eyesight, as bad or worse than being blind, and 10 means the best possible eyesight?											
					(Circ	cle One	)					
	0	1	2	3	4	5	6	7	8	9	10	
	Worst										Best	
2.	At the presen					yesight	using b	oth eyes	, with	glasses	if you wear	them, is
	(Circle One)											
					Very Good Fair. Poor	Good.	Blind.	······	1 2 3 4 5 6			
3.	A litt Some Most	u say: e of the tle of the of the t of the	timee time time me	( 	Circle 1 2 (go 3 (go 4 (go 5 (go	o to b) to to b) to to b) to to b) to to b) worry a Not A lit		ur eyesi 	ght? 0 1 2			

4.	a) How much <u>pain or discomfort</u> have you had <u>in and around you</u> or aching)?	ur eyes (for example, burning, itching,
	Would you say it is: (Circle One)	
	None 1	
	Mild 2 (go to b)	
	Moderate	
	Severe, or	
	Very severe	
	very severe	
	b) How much does it bother you that you have pain or discomfor	t in or around your eyes?
	Not at all	0
	A little	1
	A lot	2
	next questions are about how much difficulty, if any, you have doing use them for that activity.	g certain activities wearing your glasses
5.	a). Do you have difficulty <u>reading ordinary print in newspapers</u> a	t least partly because of your vision?
	Would you say you have:	(Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	,
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	b). How much does it bother you that you have difficulty reading	ordinary print in newspapers?
	Not at all	
	A little	1
	A lot	2
6.	a). Do you have difficulty doing activities or things that require y	you to see well up close, such as doing
0.	crafts, sewing, fixing things around your room at least par	
	Would you say you have:	(Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not interested	5 (80 10 0)
	in doing this	6
	Could do this activity but not given the	U
		7
	opportunity	1

4.

	b). How much does it bother you that you h	ave difficulty doing the	hings that require you to see well up
	close you?	Not at all	0
		A little	1
		A lot	2
7.	a). Do you have difficulty finding somethin	g on a crowded table o	or in a full drawer at least partly
	because of your vision?		
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4 (go to b)
	Stopped doing this because of your	eyesight	5 (go to b)
	Stopped doing this for other reasons		
	in doing this		6
	Could do this activity but not given	the	
	opportunity		7
	b). How much does it bother you that you h	ave difficulty finding	something on a crowded table or in a
	full drawer?	Not at all	0
		A little	1
		A lot	2
8.	a). Do you have difficulty reading things ac		
	bulletin board, or room numbers at least par	tly because of your vi	
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty	•••••	2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4(go to b)
	Stopped doing this because of your	eyesight	5 (go to b)
	Stopped doing this for other reasons	or not interested	
	in doing this		6
	Could do this activity but not given	the	
	opportunity		7
	b). How much does it bother you that you	have difficulty reading	g things across the room
	or down the hall?	Not at all	0
		A little	1
		A lot	2

9.	a). Do you have difficulty going down steps, stairs, or curbs in dim light or at night at least partly							
	because of your vision?	(0' 1 0 )						
	Would you say you have:	(Circle One)						
	No difficulty at all	1						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight	5 (go to b)						
	Stopped doing this for other reasons or not							
	interested in doing this	6						
	Could do this activity but not given the							
	opportunity	7						
	b). How much does it bother you that you have difficulty go	ing down steps, stairs, or curbs in dim light						
	or at night? Not at a	11 0						
		1						
		2						
10.	a). Do you have difficulty noticing objects off to the side wh	ile you are walking or rolling along at least						
	partly because of your vision?							
	Would you say you have:	(Circle One)						
	No difficulty at all	1						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight	5 (go to b)						
	Stopped doing this for other reasons or not	(80 00 0)						
	interested in doing this	6						
	Could do this activity but not given the	ŭ						
	opportunity	7						
	opportunity	1						
	b). How much does it bother you that you have difficulty no	ticing objects off to the side while you are						
	walking along? Not at all	0						
	A little	1						
	A lot							
11.	a). Do you have difficulty seeing how people react to things	you say at least partly because of your						
11.		(Circle One)						
	No difficulty at all	1						
	•	-						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight  Stopped doing this for other reasons or not	5 (go to b)						
	interested in doing this	6						
	Could do this activity but not given the	O .						
	opportunity	7						

	b). How much does it bother you that you ha		now people react to things?
		Not at all	0
		A little	1
		A lot	2
12.	a). Do you have difficulty picking out and m	atching your own clo	othes at least partly because of your
	vision?		
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4 (go to b)
	Stopped doing this because of your e		5 (go to b)
	Stopped doing this for other reasons		
	interested in doing this		6
	Could do this activity but not given to	he	
	opportunity		7
	b). How much does it bother you that you ha	we difficulty picking	out and matching your own clothes?
		Not at all	0
		A little	1
		A lot	2
13.	a). Do you have difficulty visiting with other	residents in their roc	oms, hallway, dining room, or day
	<u>room</u> at least partly because of your vision?	. =	
	Would you say you have:		le One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4 (go to b)
	Stopped doing this because of your e		5 (go to b)
	Stopped doing this for other reasons		_
	interested in doing this		6
	Could do this activity but not given to		_
	opportunity		7
	b). How much does it bother you that	t you have difficulty v	visiting with other residents in their
	rooms, hallway, dining room,		
	. •,	Not at all	0
		A little	1
		A lot	2

14.	a). Do you have difficulty going to the day room or dining room for social and group events, such as							
11.	church, or musical performances at least partly becau-	se of your vision?						
	Would you say you have:	Circle One)						
	No difficulty at all	1						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight	5 (go to b)						
	Stopped doing this for other reasons or not	3 (go to 0)						
	interested in doing this	6						
	Could do this activity but not given the	O .						
	opportunity	7						
	opportunity	1						
	b). How much does it bother you that you have difficulty goi social and group events?	ng to the day room or dinging room for						
	Not at all	0						
	A little							
	A lot							
15.	a). Do you have difficulty writing letters or cards at least part	tly because of your vision?						
	Would you say you have:	(Circle One)						
	No difficulty at all	1						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight	5 (go to b)						
	Stopped doing this for other reasons or not	,						
	interested in doing this	6						
	Could do this activity but not given the	Ů						
	opportunity	7						
	opportunity	,						
	b). How much does it bother you that you have difficulty wri	ting letters or cards?						
	Not at all	_						
	A little	1						
	A lot							
16.	a). Do you have difficulty dialing phone numbers on the telep							
	Would you say you have:	(Circle One)						
	No difficulty at all	1						
	A little difficulty	2 (go to b)						
	Moderate difficulty	3 (go to b)						
	Extreme difficulty	4 (go to b)						
	Stopped doing this because of your eyesight	5 (go to b)						
	Stopped doing this for other reasons or not							
	interested in doing this	6						
	Could do this activity but not given the							
	opportunity	7						
	FF							

	b). How much does it bother you that you had least partly because of your vision?	ave difficulty dialing	phone i	numbers or	n the telephone at
		Not at all	0		
		A little			
		A lot			
17.	a). Do you have difficulty reading large print	t books or magazines	at least	partly bec	ause of your vision
	Would you say you have:		(Circ	le One)	
	No difficulty at all		ĺ		
	A little difficulty		2 (go	to b)	
	Moderate difficulty		3 (go		
	Extreme difficulty		4 (go	,	
	Stopped doing this because of your e		5 (go		
	Stopped doing this for other reasons		```	,	
	interested in doing this		6		
	Could do this activity but not given the				
	opportunity		7		
	b). How much does it bother you that you ha	we difficulty reading	large pi	rint books	or magazines at leas
	partly because of your vision?	Not at all			C
		A little			
		A lot			

The next questions are about things you may do because of your vision.

For each one,	please indicate	whether the	statement	t is true for	you <u>all</u>	, <u>most</u> ,	some, a little,	or <u>none</u> of the time.	
				(Circle	One Or	n Fach	Line)		

			(Circle	One On E	ach Line)		
READ	CATEGORIES:	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
18.	Do you do less than you would like at least partly because of your vision?	1	2	3	4	5	
	•						
	Does this bother you? (answ Not at all	rer if at least a 0 1 2	a little of the	time)			
19.	Are you limited in how long you can do activities partly because	1	2	2	4	r.	
	of your vision?	1	2	3	4	5	
	Does this bother you? (answer Not at all	er if at least a 0 1 2	little of the t	ime)			
20.	How much does pain or discomfort in or around your eyes, for example, burning, itching, or aching, keep you from doing what you'd like to be doing? Would you say:	1	2	3	4	5	
	Does this bother you? (answe	er if at least a	little of the t	rime)			
	Not at all A little A lot	0 1 2		··············			
21.	I stay in my room most of the time at least partly because of my eyes or eyesig	ght 1	2	3	4	5	
	Does this bother you? (answer Not at all	er if at least a 0 1 2	little of the t	ime)			

For each of the following statements, please circle the number to indicate whether the statement is <u>definitely true</u>, <u>mostly true</u>, <u>mostly false</u>, or <u>definitely false</u> for you or you are <u>not sure</u>.

		Definitely True	(Circle C Mostly True	One on Eac Not Sure	h Line) Mostly False	Definitely False
22.	I feel <u>frustrated</u> a lot of the time because of my eyesight?	1	2	3	4	5
	Does this bother you? (answer Not at all	er if at least a 0 1 2	a little of the t	time)		
23.	I have much less control over what I do, at least partly because of my eyesight	1	2	3	4	5
	Does this bother you? (answer Not at all	er if at least 0 1 2	a little of the	time)		
24.	Because of my eyesight, I have to rely too much on what other people tell me.	1	2	3	4	5
	Does this bother you? (answer Not at all	er if at least 0 1 2	a little of the	time)		
25.	I need a lot of help from others at least partly because of my eyesight.	1	2	3	4	5
	Does this bother you? (answer Not at all	er if at least a 0 1 2	a little of the t	time)		

		Definitely True	(Circle ( Mostly True	One on Eac Not Sure	h Line) Mostly False	Definitely False
26.	I worry about <u>doing things</u> that will embarrass myself <u>or others</u> , because of my					
	eyesight	1	2	3	4	5
	Does this bother you? (answ Not at all	er if at least a 0 1 2	little of the	time)		
27. a)	. Do you have difficulty movi vision?	ng <u>around yo</u>	ur room whe	en it is brig	htly lit at least	partly because of your
	Would you say you h	nave:			(Circle One	2)
	No difficulty at all				1	
	A little difficulty				2 (go to b)	
	Moderate difficulty				3 (go to b)	
	Extreme difficulty				4 (go to b)	
	Stopped doing this be	ecause of you	r eyesight		5 (go to b)	
	Stopped doing this fo	or other reason	ns or not			
	interested in doing th	is			6	
	Could do this activity	y but not give	n the			
	opportunity			•••	7	
	b). How much does it bother	you that you	have difficu	ılty moving	g around your	room when it is brightly
	lit?			l	0	
					1	
			A lot		2	
28. a).	Do you have difficulty moving your vision?	ng <u>around you</u>	ır room whe	n it is diml	y lit or at nigh	t at least partly because of
	Would you say you h	nave:			(Circle One	e)
	No difficulty at all				1	
	A little difficulty				2 (go to b)	
	Moderate difficulty				3 (go to b)	
	Extreme difficulty				4 (go to b)	
	Stopped doing this be				5 (go to b)	
	Stopped doing this fo				,	
	interested in doing th				6	
	Could do this activity					
	opportunity			•••	7	

b). How much does it bother you that you hav	e difficulty moving	around your room when it is dimiy lit:
	A little	1
	A lot	2
Do you have difficulty moving <u>around the facivision?</u>	lity during the dayti	me at least partly because of your
Would you say you have:		(Circle One)
No difficulty at all		ì
A little difficulty	•••••	2 (go to b)
Moderate difficulty		3 (go to b)
Extreme difficulty		4 (go to b)
Stopped doing this because of your eye	esight	5 (go to b)
Stopped doing this for other reasons or	not	
interested in doing this		6
Could do this activity but not given the	2	
opportunity	•••••	7
b). How much does it bother you that you hav	e difficulty moving	around the facility during the daytime
	Not at all	0
	\ little	1
	\ lot	2
Do you have <u>difficulty eating</u> , for example, rec		
utensils on your tray or table, at least partly be	ecause of your vision	
Would you say you have:		(Circle One)
No difficulty at all		1
A little difficulty		2 (go to b)
Moderate difficulty		3 (go to b)
Extreme difficulty		4 (go to b)
Stopped doing this because of your eye		5 (go to b)
Stopped doing this for other reasons or		6
interested in doing this		6
Could do this activity but not given the		7
opportunity	•••••	7
b). How much does it bother you that you hav		
	Not at all	0
	A little	1
A	\ lot	2

31.	a). Do you have difficulty with shaving, styling your hair, or pu	tting on makeup at least partly because
	of your vision?	
	Would you say you have:	(Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	<i>(C)</i>
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	b). How much does it bother you that you have difficulty shavin	g styling your hair or putting on
	makeup?	g, styring your nam, or putting on
	Not at all	0
	A little	1
	A lot	2
32.	a). Do you have difficulty with bathing at least partly because of	your vision?
	Would you say you have:	(Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	b). How much does it bother you that you have difficulty bathin	σ?
	Not at all	0
	A little	
	A lot	
	A 10t	2
33.	a). Do you have difficulty with dressing at least partly because of	your vision?
		cle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	- ·
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7

	b). How much does it bother you that you have d	ifficulty dressing	g?
	· · · · · · · · · · · · · · · · · · ·	at all	0
	A lit	tle	1
	A lo	t	2
34.	a). Do you have <u>difficulty using the toilet or protect</u>	tive undergarme	nt products at least partly because of
	your vision?	<u> </u>	
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4 (go to b)
	Stopped doing this because of your eyesig		5 (go to b)
	Stopped doing this for other reasons or no		- (6)
	interested in doing this		6
	Could do this activity but not given the		
	opportunity	••••	7
	11 ,		
	b). How much does it bother you that you have di	fficulty using th	e toilet or protective undergarments?
	Not	at all	0
	A lit	tle	1
	A lo	t	2
35.	a). Do you have <u>difficulty transferring from sittin</u>	<u>g to standing, or</u>	standing to sitting at least partly
	because of your vision?		
	Would you say you have:		(Circle One)
	No difficulty at all	····	1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty		4 (go to b)
	Stopped doing this because of your eyesig		5 (go to b)
	Stopped doing this for other reasons or no		
	interested in doing this		6
	Could do this activity but not given the		
	opportunity		7
	b). How much does it bother you that you have di	fficulty transfer	ring from sitting to standing or
	standing to sitting?		
		at all	0
		tle	
	A lo	t	2
26	a) Da vou have difficulty recognizing records you	. 1 a.v. f a	and a manuscript locat mouthy because of
36.	a). Do you have difficulty <u>recognizing people you</u>	i know irom acro	oss a room at least partly because of
	your vision? Would you say you have:		(Cirala Ona)
	Would you say you have:  No difficulty at all		(Circle One)
	A little difficulty		2 (go to b)
	Moderate difficulty		2 (go to b) 3 (go to b)
	Miduciate unficulty	•••	5 (go to b)

	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	b). How much does it bother you that you have difficulty recording?	
	Not at all	0
	A little	1
	A lot	2
37. a)	. Do you have difficulty taking part in activities offered by the because of you vision?	activities department at least partly
	Would you say you have:	(Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight Stopped doing this for other reasons or not	5 (go to b)
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	b). How much does it bother you that you have difficulty takedepartment?  Not at all	ing part in activities offered by the activities
	A little	1
	A lot	2
38.	a). Do you have difficulty seeing and enjoying programs on 7. Would you say you have:	<u>ΓV</u> at least partly because of your vision? Circle One)
	No difficulty at all	1
	A little difficulty	2 (go to b)
	Moderate difficulty	3 (go to b)
	Extreme difficulty	4 (go to b)
	Stopped doing this because of your eyesight	5 (go to b)
	Stopped doing this for other reasons or not	(6)
	interested in doing this	6
	Could do this activity but not given the	
	opportunity	7
	rr	

	b). How much does it bother you that you hav		_ 5 6 61 6
		Not at all	0
		A little	1
	F	A lot	2
39.	a). Do you have difficulty <u>entertaining friends</u> vision?	and family in your	room at least partly because of your
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty	••••••	3 (go to b)
			4 (go to b)
	Extreme difficulty		
	Stopped doing this because of your eye Stopped doing this for other reasons or		5 (go to b)
	interested in doing this		6
	Could do this activity but not given the	2	
	opportunity		7
	A	Not at all	0 1 2
	F	A lot	2
40.	a). Do you have difficulty playing cards, game	es such as bingo at l	
	Would you say you have:		(Circle One)
	No difficulty at all		1
	A little difficulty		2 (go to b)
	Moderate difficulty		3 (go to b)
	Extreme difficulty	•••••	4 (go to b)
	Stopped doing this because of your eye Stopped doing this for other reasons or	_	5 (go to b)
	interested in doing this		6
	Could do this activity but not given the		
	opportunity		7
	b). How much does it bother you that you hav	e difficulty playing	cards, games such as bingo?
	Ν	Not at all	0
	A	A little	1
	A	A lot	2
			2

The next questions are about things you may do because of your vision. For each item, please indicate whether this is true for you  $\underline{all}$ ,  $\underline{most}$ ,  $\underline{some}$ ,  $\underline{a}$   $\underline{little}$ , or  $\underline{none}$  of the time.

			(Circle O	ne On Each	ı Line)	
READ	CATEGORIES:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
41.	Do you require more help from others at least partly because of your vision?	1	2	3	4	5
	Does this bother you? (answer Not at all		little of the t	ime)		
42.	Are you limited in the kinds of things you can do at least partly because of your vision?	1	2	3	4	5
	Does this bother you? (answer Not at all		little of the t	ime)		
43.	Do you spend time thinking about your vision or ways to adapt your environment to help you cope with your vision?	1	2	3	4	5
	Does this bother you? (answer Not at all		little of the t	rime)		
44.	Do you worry about falling or injuring yourself at least partly because of your vision?	1	2	3	4	5
	Does this bother you? (answer Not at all 0 A little		little of the t	ime)		

The next questions are about how you deal with your vision. For each statement, please indicate whether it is <u>definite</u> <u>true</u>, <u>mostly true</u>, <u>mostly false</u>, or <u>definitely false</u> for you or you <u>don't know</u>.

		Definitely True	(Circle ( Mostly True	One on Eac Not Sure	ch Line) Mostly False	Definitely False
45.	Sometimes I feel irritable because of my eyes or eyesight  Does this bother you?  Not at all	1	2	3	4	5
46.	I don't go out of my room alone, at least partly because of my eyes or eyesight.  Does this bother you?  Not at all	1	2	3	4	5
47.	Sometimes I get upset because I can't see my friends and family well enough to recognize them  Does this bother you?  Not at all	1	2	3	4	5
48.	Sometimes I get upset because I have to use assistive devices to help me get around at least partly because of my eyesight  Does this bother you?  Not at all 0  A little	. 1	2	3	4	5

			(Circle	One on Eac	ch Line)	
		Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
49.	Sometimes I choose not to attend activities or visit with friends because my eye sight causes me problems	1	2	3	4	5
	Does this bother you?       0         Not at all					
50.	Sometimes I feel vulnerable or fearful because of my vision	1	2	3	4	5
	Does this bother you?       0         Not at all					

The next questions will ask you about visual symptoms. I'm going to ask you if you have experienced any of the following symptoms in the last 2 weeks. If yes, how bothered were you by the symptom? Please respond for problems in either or both eyes.

51. Tearing?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)
52. Dryness?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)
53. Double Vision?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)
54. Blurry Vision?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)
55. Tiredness	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)

56. Headaches related to vision?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot(3)
57. Objects jump around?	Yes(1) No(2)	How much does it bother you?	None(1) A little(2) A lot (3)

## **Scoring Instructions**

Each of the 57 items should be scoring using the values in Table 1. Subscale scores are obtained by averaging the questionnaire items associated with each subscale as indicated in Table 2.

**Table 1. Item Scoring** 

Item Number	Questionnaire Value	Scored Value
	1	10
1	1	10
	2	20
	3	30
	4	40
	5	50
	6	60
	7	70
	8	80
	9	90
	10	100
2	1	100
	2	80
	3	60
	4	40
	5	20
	6	0
3a, 4a	1	100
	2	75
	3	50
	4	25
	5	0
5a, 6a, 7a, 8a, 9a, 10a, 11a, 12a, 13a, 14a, 15a, 16a, 17a, 27a, 28a,	1	100
29a, 30a, 31a, 32a, 33a, 34a, 35a, 36a, 37a, 38a, 39a, 40a	2	75
	3	50
	4	25
	5	0
	6	No score
	7	No score
19 10 20 21 41 42 42 44	1	0
18, 19, 20, 21, 41, 42, 43, 44	1	
	2	25 50
	3	75
	4 5	
	3	100
22, 23, 24, 25, 26, 45, 46, 47, 48, 49, 50	1	0
	2	33
	3	No score
	4	67
	5	100
51 50 50 54 55 56 57 (mark N#		
51, 52, 53, 54, 55, 56, 57 (part a)*	1 (Yes)	No score
	2 (No)	100
51, 52, 53, 54, 55, 56, 57 (part b)*	1 (None)	100
	2 (A little)	50
	2 ( 4 1 .)	Λ
* Scoring for items 51-57 requires considering <i>part a</i> and <i>part b</i> of each	3 (A lot)	0

**Table 2. Subscale Scoring** 

Subscale	Item Numbers
General Vision	1, 2, 18, 19, 25, 42
Reading	5, 8, 17
Ocular Symptoms	4, 20, 51, 52, 53, 54, 55, 56, 57
ADLs	12, 30, 31, 32, 33, 34
Mobility	9, 10, 27, 28, 29, 35, 46
Activities/Hobbies	6, 7, 14, 15, 16, 37, 38, 40
Psycholgical	3, 22, 23, 24, 26, 44, 45, 47, 48, 50
Adapting/Coping	41, 43
Social Interaction	11, 13, 21, 36, 39, 49