

4. a) How much pain or discomfort have you had in and around your eyes (for example, burning, itching, or aching)?

Would you say it is: (Circle One)

- None..... 1
- Mild..... 2 (go to b)
- Moderate..... 3 (go to b)
- Severe, or..... 4 (go to b)
- Very severe..... 5 (go to b)

b) How much does it bother you that you have pain or discomfort in or around your eyes?

- Not at all..... 0
- A little..... 1
- A lot..... 2

The next questions are about how much difficulty, if any, you have doing certain activities wearing your glasses if you use them for that activity.

5. a). Do you have difficulty reading ordinary print in newspapers 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 reading ordinary print in newspapers?

- Not at all..... 0
- A little..... 1
- A lot..... 2

6. a). Do you have difficulty doing activities or things that require you to see well up close, such as doing crafts, sewing, fixing things around your room 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 doing things 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 something on a crowded table 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 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 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 across the room or down the hall, such as a wall clock, large bulletin board, or room numbers 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 reading 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?
 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 going down steps, stairs, or curbs in dim light or at night?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |
10. a). Do you have difficulty noticing objects off to the side while 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 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 noticing objects off to the side while you are walking along?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |
11. a). Do you have difficulty seeing how people react to things you say 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 seeing how people react to things?

- Not at all..... 0
- A little..... 1
- A lot..... 2

12. a). Do you have difficulty picking out and matching your own clothes 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 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 rooms, hallway, dining room, or day room 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 visiting with other residents in their rooms, hallway, dining room, or day 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 church, or musical performances 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 going to the day room or dining room for social and group events?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |
15. a). Do you have difficulty writing letters or cards 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 writing letters or cards?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |
16. a). Do you have difficulty dialing phone numbers on the telephone 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 dialing phone numbers on the telephone at least partly because of your vision?

- Not at all..... 0
- A little..... 1
- A lot..... 2

17. a). Do you have difficulty reading large print books or magazines 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 reading large print books or magazines at least partly because of your vision?

- Not at all..... 0
- A little..... 1
- A lot..... 2

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

(Circle One on Each Line)

	Definitely True	Mostly True	Not Sure	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 if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

23. I have <u>much less control</u> over what I do, at least partly because of my eyesight.....	1	2	3	4	5
---	---	---	---	---	---

Does this bother you? (answer if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

24. Because of my eyesight, I have to <u>rely too much on</u> what other people tell me.	1	2	3	4	5
--	---	---	---	---	---

Does this bother you? (answer if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

25. I <u>need a lot of help</u> from others at least partly because of my eyesight.	1	2	3	4	5
---	---	---	---	---	---

Does this bother you? (answer if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

(Circle One on Each Line)

Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
--------------------	----------------	-------------	-----------------	---------------------

26. I worry about doing things that will embarrass myself or others, because of my eyesight.....

1	2	3	4	5
---	---	---	---	---

Does this bother you? (answer if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

27. a). Do you have difficulty moving around your room when it is brightly lit 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 moving around your room when it is brightly lit?

Not at all.....	0
A little.....	1
A lot.....	2

28. a). Do you have difficulty moving around your room when it is dimly lit or at night 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 moving around your room when it is dimly lit?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |

29. a). Do you have difficulty moving around the facility during the daytime 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 moving around the facility during the daytime?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |

30. a). Do you have difficulty eating, for example, recognizing your food, or locating your food or eating utensils on your tray or table, 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 eating?
- | | |
|-----------------|---|
| Not at all..... | 0 |
| A little..... | 1 |
| A lot..... | 2 |

31. a). Do you have difficulty with shaving, styling your hair, or putting 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 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 shaving, styling your hair, or putting on makeup?

- 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 bathing?

- Not at all..... 0
- A little..... 1
- A lot..... 2

33. a). Do you have difficulty with dressing 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 dressing?

- Not at all..... 0
- A little..... 1
- A lot..... 2

34. a). Do you have difficulty using the toilet or protective undergarment products 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 using the toilet or protective undergarments?

- Not at all..... 0
- A little..... 1
- A lot..... 2

35. a). Do you have difficulty transferring from sitting to standing, or 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 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 transferring from sitting to standing or standing to sitting?

- Not at all..... 0
- A little..... 1
- A lot..... 2

36. a). Do you have difficulty recognizing people you know from across a room 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 recognizing people you know from across the room?

Not at all.....	0
A little.....	1
A lot.....	2

37. a). Do you have difficulty taking part in activities offered by the activities department at least partly because of you 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 taking part in activities offered by the activities department?

Not at all.....	0
A little.....	1
A lot.....	2

38. a). Do you have difficulty seeing and enjoying programs on TV 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 seeing and enjoying programs on TV?

- Not at all..... 0
- A little..... 1
- A lot..... 2

39. a). Do you have difficulty entertaining friends and family in your room 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 do entertaining friends and family in your room?

- Not at all..... 0
- A little..... 1
- A lot..... 2

40. a). Do you have difficulty playing cards, games such as bingo 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 playing cards, games such as bingo?

- Not at all..... 0
- A little..... 1
- A lot..... 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 all, most, some, a little, or none of the time.

(Circle One On Each 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 if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

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 if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

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 if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

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 if at least a little of the time)

Not at all.....	0
A little.....	1
A lot.....	2

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

- (Circle One on Each Line)
- | | Definitely
True | Mostly
True | Not
Sure | Mostly
False | Definitely
False |
|--|--------------------|----------------|-------------|-----------------|---------------------|
| 45. Sometimes I feel irritable because of my eyes or eyesight...
Does this bother you?
Not at all..... 0
A little..... 1
A lot..... 2 | 1 | 2 | 3 | 4 | 5 |
| 46. <u>I don't go out of my room alone</u> , at least partly because of my eyes or eyesight.
Does this bother you?
Not at all..... 0
A little..... 1
A lot..... 2 | 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..... 0
A little..... 1
A lot..... 2 | 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
A lot..... 2 | 1 | 2 | 3 | 4 | 5 |

(Circle One on Each 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?

Not at all.....	0
A little.....	1
A lot.....	2

50. Sometimes I feel vulnerable or fearful because of my vision....

1	2	3	4	5
---	---	---	---	---

Does this bother you?

Not at all.....	0
A little.....	1
A lot.....	2

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	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, 29a, 30a, 31a, 32a, 33a, 34a, 35a, 36a, 37a, 38a, 39a, 40a	1	100
	2	75
	3	50
	4	25
	5	0
	6	No score
	7	No score
18, 19, 20, 21, 41, 42, 43, 44	1	0
	2	25
	3	50
	4	75
	5	100
22, 23, 24, 25, 26, 45, 46, 47, 48, 49, 50	1	0
	2	33
	3	No score
	4	67
	5	100
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
	3 (A lot)	0
* Scoring for items 51-57 requires considering <i>part a</i> and <i>part b</i> of each item.		

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
Psychological	3, 22, 23, 24, 26, 44, 45, 47, 48, 50
Adapting/Coping	41, 43
Social Interaction	11, 13, 21, 36, 39, 49