

This is the ðVF-14 Questionnaireö and it is often used to determine the level of functional impairment of vision in patients with cataracts.

Please circle one answer for each question.

Patient Name: _____ Date: _____

Do you have any difficulty, even with glasses, reading small print, such as labels on medicine bottles, a telephone book, or food labels?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, reading a newspaper or a book?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, reading a large-print book or, newspaper or numbers on a telephone?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, recognizing people when they are close to you?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, reading traffic signs, street signs, or store signs?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting, or carpentry?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, writing checks or filling out forms?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games, and mahjong?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, golf?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, cooking?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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Do you have any difficulty, even with glasses, watching television?	4. No	3. A little difficulty	2. Moderate difficulty	1. A great deal of difficulty	0. Unable to do this activity	_____
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VF-14 Questionnaire Continued
Please circle one answer for each question.

Do you currently drive a car?

Yes	No
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How much difficulty do you have driving during the day because of your vision?

4. None	3. A little	2. Moderate amount	1. A great deal
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How much difficulty do you have driving at night because of your vision?

4. None	3. A little	2. Moderate amount	1. A great deal
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Have you previously driven a car but since stopped?

Yes	No
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When did you stop driving?

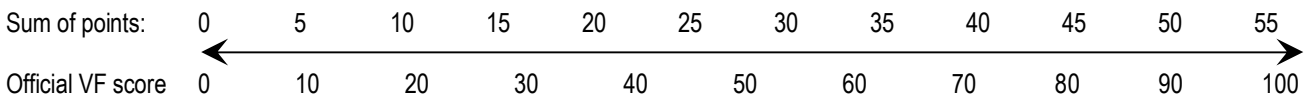
Less than 6 months ago	6 to 12 months ago	More than 12 months ago
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Why did you stop driving?

Poor Vision	Other illness	Other Reason
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<u>Sum of Points</u>	<u>Degree of Visual Impairment</u>	<u>VF score</u>
0 to 5	very severe impairment	0 to 9
6 to 16	severe impairment	10 to 29
17 to 41	moderate impairment	30 to 74
42 to 51	mild impairment	75 to 92
52 to 54	minimal impairment	93 to 98
55 to 56	no visual impairment	99 to 100

Sum of Points:



Cataract surgery can almost always be safely postponed until you feel that you need better vision. If stronger glasses won't improve your vision any more, and the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

- Yes, I feel that my vision is bad enough that I need to consider cataract surgery now
- No, my vision is not that bad and I am not ready to consider cataract surgery yet

Please sign below

Patient Signature: _____ Date: _____