

## Visual difficulty with cataracts

### Impact on daily living

This questionnaire is being given to people who are having trouble with their vision because of cataracts. The purpose of the questionnaire is to find out how much your difficulty with vision impacts on your quality of life and how you live.

#### INSTRUCTIONS:

There are six general areas of life listed below, with some examples of the sort of things that are included in each. Please rate each of these areas of your life to indicate how much your vision affects the things that are important to you. It is important that you attempt to answer all of the questions. If you have difficulty understanding what the question is asking please ask your Eye nurse or Doctor.

Note that there are no right answers to these questions – the best answer is what is true for you. Simply circle the number that best describes how much your difficulties with vision affect each area, using the responses below.

Example only:

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

For example, if you were having no problems with personal care, then you would circle 1. However, if your vision is so bad that there are some important activities of your personal care that you cannot manage then circle 5. If your difficulty is somewhere between these two extremes, circle the number which seems right for you.

If your cataract creates difficulty with getting around, e.g driving a car, catching the bus etc consider the level of difficulty this creates for you as you answer **each** question.

#### QUESTIONS:

**1. How much does difficulty with your vision affect *your personal safety*?** (this includes things like reading medicine labels, judging distances to cross the road, pouring hot drinks)

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

**2. How much does difficulty with your vision affect *your personal care*?** (this includes things like looking after your health, preparing food, reading food labels, using appliances such as phones and microwaves)

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

**3. How much does difficulty with your vision affect *your ability to fulfil your responsibilities to others, do meaningful things for yourself and others*?** (this includes things like caring for children or grandchildren or your partner, employment both paid and unpaid, doing community or charity work, doing work for clubs you belong to)

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

**4. How much does difficulty with your vision affect *your ability to interact with the world around you*?** (this includes things like seeing bus numbers, filling out forms/cheques, using the phone/computers, reading street or shop signs, seeing the TV or Teletext)

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

**5. How much does difficulty with your vision affect *your social interaction*?** (this includes things like meeting friends, going to church, recognising faces, going shopping)

1	2	3	4	5
Little or No difficulty		Makes some important activities quite difficult but not impossible		Makes some important activities impossible

**6. How much does difficulty with your vision affect your leisure activities?**  
 (this includes things like sporting activities (such as bowls, golf), handicrafts (such as cross-stitch), DIY maintenance or carpentry, reading books)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Little or No difficulty</b>		<b>Makes some important activities quite difficult but not impossible</b>		<b>Makes some important activities impossible</b>

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Considering the impact of your cataract on your life overall:

**7. How much trouble are you having with your vision?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>None at all</b>				<b>A great deal</b>

**8. How satisfied are you with your vision?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Very Dissatisfied</b>				<b>Very Satisfied</b>

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**EVALUATION:**

9. Do the questions adequately reflect the impact of your cataract on your life?  
 (circle answer)

<b>Yes</b>	<b>No</b>
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10. How important is it to you that your Doctor considers the answers to these questions in assessing your priority for cataract operation relative to other people?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not important at all</b>				<b>Extremely important</b>

11. Was the questionnaire easy to use?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Difficult</b>		<b>OK</b>		<b>Very Easy</b>

**Comments:**

**Do you have any suggestions about how this questionnaire might be improved?**

Thank you. That is all the questions we have.  
Please return this questionnaire to the person who gave it to you.