

Patient Name:

Id:

Test Date:

Each columns below is a separate 14 item test. For each item indicate how much visual difficulty you have performing the task when wearing appropriate glasses. 0 = no difficulty (or not applicable), 1 = just detectable difficulty, 2 = mild but definite, 3 = moderate difficulty, 4 = visual difficulty sometimes prevents this activity			
Early Cataract Questionnaire		VF14 Questionnaire	
1	- reading small print (e.g. medicine bottles or food labels) <u>in poor light?</u>		- reading small print on medicine bottles, telephone book, or food labels <u>in good light?</u>
2	- reading coloured text in a magazine		- reading a newspaper or a book?
3	- reading text on mobile electronic devices (e.g. mobile phones)		- reading large print in a book or newspaper?
4	- reading an ATM or EFTPOS receipt?		- recognising people when they are close to you?
5	- seeing steps, stairs or curbs at night?		- seeing steps, stairs or curbs?
6	- reading prices, dates, or phone numbers in shops or offices		- reading traffic signs, street signs, or signs in shops?
7	- using small hand tools like screw drivers or tweezers?		- fine handwork like sewing, knitting, crocheting or carpentry?
8	- recognizing faces across a street or a large room (>6 meters)?		- writing cheques or filling out forms?
9	- identifying keypad numbers on electronic displays or ATM's?		- playing games like bingo, dominos, cards, or board games?
10	- recognizing or reading signs in the distance at dusk?		- playing ball sports (bowling, tennis or golf, etc.)?
11	- seeing salt, pepper, or spices when using them on food?		- cooking or preparing food?
12	- seeing what is ahead of you when facing glare <u>at night?</u>		- watching television?
13	- seeing what is ahead of you when facing glare <u>in daylight?</u>		- driving during the day
14	How concerned are you about failing vision in the next 12 monts?		- driving at night
	Total		Total