Visual Functioning Index VF-8R


Agency for Healthcare Research and Quality Supported Disease-Specific Health Status Measure Tested for Reliability and Validity: http://www.ahrq.gov/clinic/out2res/outcom6.htm

1. Do you have any difficulty, even with glasses, reading small print such as labels on medicine bottles, a telephone book or food labels?
   _____ Yes  _____ No  _______ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

2. Do you have any difficulty, even with glasses, reading a newspaper or book?
   _____ Yes  _____ No  _______ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

3. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?
   _____ Yes  _____ No  _______ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

4. Do you have any difficulty, even with glasses, reading traffic signs, street signs or store signs?
   _____ Yes  _____ No  _______ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
4. Are you unable to do the activity?

5. Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting or carpentry?
   _____ Yes   _____ No   _____ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

6. Do you have any difficulty, even with glasses, writing checks or filling out forms?
   _____ Yes   _____ No   _____ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

7. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games or mahjong?
   _____ Yes   _____ No   _____ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?

8. Do you have any difficulty, even with glasses, watching television?
   _____ Yes   _____ No   _____ Not applicable
   If yes, how much difficulty do you currently have?
   1. A little
   2. A moderate amount
   3. A great deal
   4. Are you unable to do the activity?