

### Visual Functioning Index VF-8R

Literature citations: Gothwal VK, Wright TA, Lamoureux EL, Pesudovs K. Measuring outcomes of cataract surgery using the Visual Function Index-14. J Cataract Refract Surg 2010; 36:1181-1188

Steinberg EP, Tielsch JM, Schein OD. The VF-14. An index of functional impairment in patients with cataract. Arch Ophthalmol 1994; 112:630-8.

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 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

6. Do you have difficulty, even with glasses, writing checks or filling out forms?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not applicable

If yes, how much difficulty do you currently have?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

_____	_____	_____	<input type="checkbox"/> RIGHT EYE
PRINT NAME	SIGNATURE	DATE	<input type="checkbox"/> LEFT EYE