

Your Vision

A Survey by

The Vision Laboratories of



and



For use by



**The Baltimore Longitudinal Study on Aging
Gerontology Research Center
National Institute of Aging
National Institutes of Health
Baltimore, MD**

Right now I am wearing:

- glasses..... 1
- contacts..... 2
- bifocals or trifocals..... 3
- reading glasses..... 4
- I am not wearing my glasses or contacts now..... 5

I obtained my current glasses or contacts in _____ / _____
mo. year

The last time I had my eyes checked for glasses was _____ / _____
mo. year

My general health over the past year has been :

- excellent..... 1
- good..... 2
- fair..... 3
- poor..... 4

I am taking medications for :

- high blood pressure..... 1
- arthritis..... 2
- diabetes..... 3
- a heart condition..... 4
- insomnia..... 5
- anxiety..... 6
- other (describe) _____ 7
- I am not taking any medications..... 10

Circle the number corresponding to any eye problems or diseases you have :

- glaucoma..... 1
- retinis pigmentosa..... 2
- amblyopia..... 3
- color blindness..... 4
- cataract..... 5
- double vision..... 6
- senile macular degeneration (age-related maculopathy)..... 7
- diabetic retinopathy..... 8
- other (describe) _____ 9
- none..... 10

Circle the number corresponding to any eye treatment or surgery that you have received:

- lens implant (IOL) in one eye..... 1
- lens implant (IOL) in both eyes..... 2
- reattachment of detached retina..... 3
- other (describe)..... 4
- none..... 10

Please list your hobbies_____

Instructions

We have listed below certain visual experiences that many people complain about. We would like to know if you have had these experiences. Please read each question carefully and then put an **X** after the one word that best describes your experiences with the situation. When you describe how well or poorly you see in various situations, **answer as though you were wearing your proper glasses or contact lenses** (if any). Finally, please feel free to write in any comments you have on any of the questions.

We are interested in hearing about any incident or activity with which you have had problems that involved your vision. Please write a brief description of anything that you think would help us to understand more about your vision.

Section A

1. How much trouble do you have adjusting to bright lights when coming out of a dark place, such as when going into the daylight from a movie theatre?

NONE AT ALL ____ A LITTLE ____ QUITE A BIT ____ A LOT ____

2. Do you have trouble reading the credits on TV because they move too fast?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

3. Do you have trouble recognizing things or people at night because of your vision?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

4. How much more slowly do you generally read now than in the past?

NOT AT ALL ____ A LITTLE ____ QUITE A BIT ____ A LOT ____

5. Do you have trouble seeing something when lights off to the side are shining into your eyes? For example, do you have trouble seeing someone's face when a light off to the side is shining into your eyes?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

6. How much trouble do you have seeing something when lights are being reflected from it? For, example, do you have trouble watching TV when the room lights are shining on the screen?

NONE AT ALL ____ A LITTLE ____ QUITE A BIT ____ A LOT ____

7. Do you have visual problems like blurry vision or eye strain when reading or doing close work?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

8. Do you have trouble visually **locating** a familiar sign because it is among many other signs? For example, do you have trouble locating a restaurant sign on a street filled with other signs?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

9. Do you have problems actually **reading** a particular sign when it is in the midst of other signs? For example, do you have problems reading a sign on a city street because it is embedded in a clutter of other signs?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

10. Do you bump people or things because they were just outside of your field of vision and you didn't see them?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

11. How much trouble do you have reading the small print, such as numbers in the phone book or classified ads?

NONE AT ALL ___ A LITTLE ___ QUITE A BIT ___ A LOT ___

12. Do you have trouble reading a sign or recognizing a picture because it is moving, such as an ad on a passing bus or truck?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

13. Do you have trouble adjusting from bright to dim lighting, such as when going from daylight into a dark restaurant or movie theater?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

14. Do you have trouble **seeing** indoors when the lights are dim, for example, reading a menu in a dimly lit restaurant?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

15. Do you accidentally bump into doorways, walls, or other things that you should have seen but didn't, even though you were not in a hurry?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

16. Do you have trouble distinguishing between dark colors, such as when sorting dark blue and black socks?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

17. Do you take more time now than in the past doing things that depend on your vision, such as going down steps, sewing, playing cards or other hobbies, etc?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

18. Do you have difficulty seeing clearly outdoors at dusk just after sunset? For example, do you have difficulty reading unlit billboards and signs, or recognizing other people's faces at dusk?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

19. When wearing your eye glasses or contact lenses, how would you rate the quality of your vision?

excellent.....	1
good.....	2
fair.....	3
poor.....	4

SECTION B

20. Do you drive a motor vehicle (a car, truck, motorcycle, etc.)
YES..... 1 (IF YES, GO DIRECTLY TO QUESTION 23)
NO..... 2

21. If you do **not now** drive a vehicle, did you used to drive?
YES..... 1
NO..... 2

22. If you used to drive, at what age did you stop driving? _____

Please explain why you do not drive now or never drove.

We are also interested in any experiences or problems with your vision that you may have had. Please write a brief description of anything that you think would help us to understand more about your vision.

This completes the questionnaire. Thank you very much for your cooperation. Before you return the questionnaire, could you please make sure that you have answered each item and followed all the instructions? Do **not** complete the rest of the questionnaire since it is about driving.

Please complete this section only if you drive.

23. About how many miles a year do you drive?

- | | |
|--|---|
| under 5,000 (8,000 km)..... | 1 |
| 5,000 (8,000 km) - 9,999 (15,999 km)..... | 2 |
| 10,000 (16,000 km) - 14,999 (23,999 km)..... | 3 |
| 15,000 (24,000 km) - 19,999 (31,999 km)..... | 4 |
| 20,000 (32,000 km) or more..... | 5 |

24. How long have you been driving? _____ years

25. What percentage of the miles you drive per year are in rush hour traffic?

- | | |
|-------------------|---|
| 0 - 5 %..... | 1 |
| 6 - 10 %..... | 2 |
| 11 - 15 %..... | 3 |
| 16 - 20 %..... | 4 |
| 21 - 30 %..... | 5 |
| 31 - 40 %..... | 6 |
| 41 - 50 %..... | 7 |
| 51 % or more..... | 8 |

26. What percentage of your annual driving is done at night?

- | | |
|-------------------|---|
| 0 - 5 %..... | 1 |
| 6 - 10 %..... | 2 |
| 11 - 15 %..... | 3 |
| 16 - 20 %..... | 4 |
| 21 - 30 %..... | 5 |
| 31 - 40 %..... | 6 |
| 41 - 50 %..... | 7 |
| 51 % or more..... | 8 |

27. In what kind of environment do you do most of your driving?

- | | |
|---------------------------------------|---|
| rural or sparsely populated area..... | 1 |
| small town..... | 2 |
| suburban..... | 3 |
| urban..... | 4 |
| high density urban..... | 5 |

28. During night driving do you have problems seeing because of oncoming headlights, even when they are properly dimmed?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

29. During night driving, how much do headlights reflected in your rearview mirror bother you?

NOT AT ALL ___ A LITTLE ___ QUITE A BIT ___ A LOT ___

30. When driving in the city at night have you wished the street/highway lights would be turned on earlier in the evening?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

31. How much difficulty do you have keeping your instrument panel in focus at night because it is just too dim?

NONE AT ALL ___ A LITTLE ___ QUITE A BIT ___ A LOT ___

32. Do you have difficulty seeing the taillights of other vehicles because they are not bright enough?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

33. When lighting conditions are poor (such as at dusk), are you ever surprised by the sudden appearance of other vehicles or objects that were there, but you didn't see them until the last moment?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

34. During night driving do distant objects such as signs or license plates seem blurry or out-of-focus?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

35. During night driving does your instrument panel seem blurry or out-of-focus, even though it is bright enough?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

36. How much difficulty do you have ignoring or looking past dirt, haze or rain drops on your windshield to see clearly objects that are beyond your car?

NONE AT ALL ____ A LITTLE ____ QUITE A BIT ____ A LOT ____

37. Do you ever fail to make a turn onto a street you want because you didn't read the name on the street sign in time?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

38. Do you ever have difficulty staying in your driving lane?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

39. Do other vehicles seem to come into your peripheral vision **unexpectedly** when you are looking straight ahead?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

40. Do you have difficulty judging your speed without looking at the speedometer?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

41. When merging into traffic are you ever "surprised" by a vehicle that you didn't notice until it was quite close to you?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

42. Do most other vehicles seem to be going too quickly for you when you're driving?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

43. Does the steering wheel or dash board ever obstruct your vision when you are driving?

NEVER ____ RARELY ____ OCCASIONALLY ____ FREQUENTLY ____

44. Do you have difficulties seeing due to the glare from your windshield when the sun is low in the sky?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

45. Do you have problems seeing due to the headlight glare from oncoming vehicles at night?

NEVER ___ RARELY ___ OCCASIONALLY ___ FREQUENTLY ___

We are also interested in any experiences or problems with your vision that you may have had. Please write a brief description of anything that you think would help us to understand more about your vision.

This completes the questionnaire. Thank you very much for your cooperation. Before you return the questionnaire, could you please make sure that you have answered each item and followed all the instructions?