Visual Functioning Index VF-8R

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 difficult, 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?

Patient Signature: ___________________________________________ Date: __________


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