

APPENDIX

SUBJECTIVE VISION SCORE QUESTIONNAIRE

QUESTION TYPES

All questions refer to your vision as it is today and assume you are wearing your currently (as today) most used method of correction (glasses, contact lenses, both or nothing) for the activity in question.

Most questions asks you to tick a box to indicate whether you perform a particular activity or not. If you indicate yes, you are then asked to make a vertical mark (not a circle) along a horizontal line to indicate what you think about your vision during that activity. For example,

- Do you go to parties?

Yes
No

If you answered yes, how much does the quality of your vision affect your ability to enjoy parties?

not at all |-----| makes it impossible
0 20 40 60 80 100

If a patient felt they had very poor vision at parties they might make a mark on the line as below...

not at all |-----| makes it impossible
0 20 40 60 80 100

You do not need to restrict you mark to the numbered marks along the line. They are for reference only. Think of the line as a continuous spectrum.

All questions ask about the quality of your vision in your preferred method of correction. They are not about comfort, convenience or other factors relating to the physical nature of your preferred correction method.

Quality of vision refers to the sharpness, brightness, and field of good vision, and also depth perception and glare problems. Please take all these into account when answering questions.

For example, if you wear contact lenses at parties they might sting in cigarette smoke. However if you have excellent vision whilst this is occurring, you should answer that the quality of your vision does not affect your ability to enjoy parties. This is in comparison to someone who may have very poor vision at parties and avoids them because they cannot recognise anyone in the dim light.

There are no right or wrong answers - it's just how you feel or think you see.

Please answer as truthfully as possible. You do not need to show any family member etc. your answers. Your answers will remain confidential.

Subjective Vision Score Questionnaire, page 1.

Questionnaire to Assess Subjective Vision in Myopes Seeking Refractive Surgery/Fraenkel et al

Subjective Vision Score Questionnaire, page 2

GENERAL DATA

Surname: _____

Christian name: _____

Age: _____

Date of Birth: ____/____/____

Gender (please tick):

M

F

Appointment: Preoperative 1 Month Postoperative 3 Months Postoperative

CORRECTIVE LENS WEAR

Which kind of corrective lenses do you wear most of the time (please tick)?

Contact lenses

Spectacles

Both

Nothing

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• 1. To what degree does your vision interfere with night driving?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 2. To what degree does your vision interfere with reading street signs at night?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 3. To what degree does your vision interfere with driving at night in an unfamiliar place?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 4. To what degree does your vision interfere with driving at night in the rain?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 5. To what degree does your vision interfere with driving against oncoming headlights or bright lights at night?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 6. To what degree does your vision interfere with driving during the day in rain?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 7. To what degree does your vision interfere with reading street signs during the day?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

• 8. To what degree does your vision interfere with driving at dusk?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

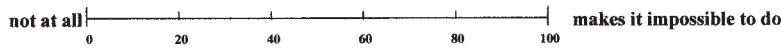
• 9. To what degree does your ability to judge distances interfere with your driving?

not at all |-----| makes it impossible to do
0 20 40 60 80 100

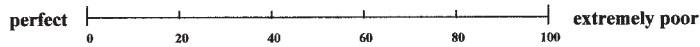
Questionnaire to Assess Subjective Vision in Myopes Seeking Refractive Surgery/Fraenkel et al

Subjective Vision Score
Questionnaire, page 4

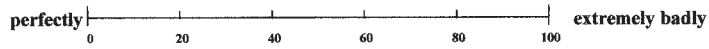
- 10. How much does the quality of your vision affect your ability to read books and magazines (while wearing reading glasses if required) ?



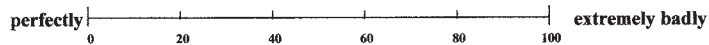
- 11. How would you rate the overall quality of your vision without your glasses or contact lenses?



- 12. How well can you see close up (with reading glasses if required)?



- 13. How well can you see to find your glasses or contact lenses?



- 14. How well can you read grocery store prices?



- 15. How much does your vision blur significantly when you get tired?



- 16. What percentage of the time do you get blurred vision ?



- 17. What percentage of the time are you bothered by fluctuations in vision?



- 18. To what degree are you bothered by glare?



- 19. How much does looking into headlights at night reduce your vision



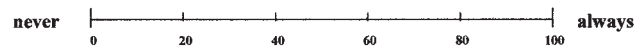
- 20. How much does looking into bright sunlight reduce your vision



- 21. How much does looking at a bright light reduce your vision?



- 22. What percentage of the time do you see ghost images ?



- 23. What percentage of the time are you bothered by haloes (rings) around lights?



- 24. What percentage of the time do you see starbursts or rays around bright lights at night?



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