

Visual Function—14 Questionnaire

1. Do you have any difficulty, even with glasses, reading small print, such as labels on medicine bottles, a telephone book, 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 a 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, reading a large-print book or large-print newspaper or numbers on a telephone?

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 difficulty, even with glasses, recognizing people when they are close to you?

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 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?

6. 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?

7. Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting, 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?

8. 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?

9. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games, 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?

10. Do you have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, golf?

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?

11. Do you have any difficulty, even with glasses, cooking?

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?

12. 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?

13. Do you currently drive a car?

Yes (go to 14) No (go to 16)

14. How much difficulty do you have driving during the day because of your vision? Do you have:

1. No difficulty
2. A little difficulty
3. A moderate amount of difficulty
4. A great deal of difficulty?

15. How much difficulty do you have driving at night because of your vision? Do you have:

1. No difficulty
2. A little difficulty
3. A moderate amount of difficulty
4. A great deal of difficulty?

16. Have you ever driven a car?

Yes (go to 17) No (stop)

17. When did you stop driving?

- Less than 6 months ago
- 6–12 months ago
- More than 12 months ago

18. Why did you stop driving?

- Vision
- Other illness
- Other reason

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