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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 7

Vision

Vision Interview

Form Type: Clinic Interview

LEGEND:

Raw form variable names are located next to the question they represent and do not have a border around the variable name.

Calculated variable names are derived from other variables and have a border around the variable name. The calculated variables names are located in close proximity to the questions from which they were derived.

Some of the questions and measurements on these forms are not being released, and therefore no variable name is provided for them.

Vision Interview

Examiner ID: _____

1. At present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?

- Excellent
- Good
- Fair
- Poor
- Very poor
- Completely blind

2. How much of the time do you worry about your eyesight?

(READ CATEGORIES:)

- None of the time
- A little of the time
- Some of the time
- All of the time



If completely blind, stop vision interview

The next questions are about how much difficulty, if any, you have doing certain activities while wearing your glasses or contact lenses if you use them for this activity.

3. How much difficulty do you have reading ordinary print in newspapers? Would you say you have: **(READ CATEGORIES:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons or not interested in doing this

Vision Interview Cont.

4. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools?

Would you say: **(READ CATEGORIES AS NEEDED:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons or not interested in doing this

5. Because of your eyesight, how much difficulty do you have going down steps, stairs, or curbs in dim light or at night? **(READ CATEGORIES AS NEEDED:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons or not interested in doing this

6. IF CURRENTLY DRIVING: How much difficulty do you have driving during the daytime in familiar places? Would you say: **(READ CATEGORIES AS NEEDED:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons or not interested in doing this

Vision Interview Cont.

7. Are you limited in how long you can work or do other daily activities such as housework, child care, school, or community activities because of your vision?

(READ CATEGORIES:)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

8. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along? **(READ CATEGORIES AS NEEDED:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons
or not interested in doing this

9. Because of your eyesight, how much difficulty do you have finding something on a crowded shelf? **(READ CATEGORIES AS NEEDED:)**

- No difficulty at all
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Stopped doing this because of your eyesight
- Stopped doing this for other reasons
or not interested in doing this

13. Do you wear contact lenses?

Right Eye:

Left Eye:

Yes →

No

DK

If yes, when did you receive your latest right contact lens?

____ / ____

Month Year

Yes →

No

DK

If yes, when did you receive your latest left contact lens?

____ / ____

Month Year

14. Do you wear eyeglasses to drive or watch television?

V7GLTV

Yes No Don't know

14a. If yes, how long have you had this pair? **V7GLTOTM**

_____ Years _____ Months Less than one month

15. For near correction, do you USUALLY wear (check one):

V7NRCORR

Don't wear glasses for near correction

- Reading glasses only
- Bifocals
- Trifocals
- Progressive or "hidden" bifocal or trifocal glasses

15a. How long have you had these glasses? **V7NCTOTM**

_____ Years _____ Months Less than one month