

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.

Ver. 12.1 Yr. 12 - Vision Clinic Interview	Vision Interview
Examiner ID:	
	our eyesight (with glasses or contact lenses, if you wear or very poor or are you completely blind?
	Excellent Good Fair Poor Very poor Completely blind
2. How much of the time do you wo (READ CATEGORIES:)	orry about your eyesight?
	None of the time
	A little of the time
	Some of the time
D	All of the time
▼ If completely blin	nd, stop vision interview
	much difficulty, if any, you have doing certain activities act lenses if you use them for this activity.
3. How much difficulty do you have you have: (READ CATEGORIE	reading ordinary print in newspapers? Would you say S:)
	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

Ve	r. 12.	1			
٧r	12 -	Vision	Clinic	Interv	iον

Vision Interview Cont.

	doing work or hobbies that require you to see well up ng things around the house, or using hand tools? RIES 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
	uch difficulty do you have going down steps, stairs, or EAD 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 r in familiar places? Would you say:	nuch difficulty do you have driving during the daytime (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

Ver. 12.1	
Yr. 12 - Vision Clinic Inte	erview

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		
	uch difficulty do you have noticing objects off to the side		
	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 m crowded shelf? (READ CATEGO	uch difficulty do you have finding something on a RIES 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 Eve:

☐ Yes-►	If yes, when did you receive your latest right	[
□ No	contact lens?	[
□ DK	Month Year	[

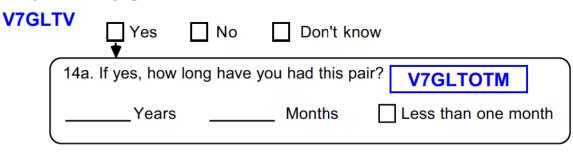
☐ Yes→

DK

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

Month Year

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



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

V7NRCORR

Don't wear glasses for near correction

◆ □	Reading	glasses	only
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→ Bifocals



▶ Progressive or "hidden" bifocal or trifocal glasses

15a. How long have you had these glasses?

V7NCTOTM

___Years ____ Months

Less than one month