

Patient Name: _____ DOB: _____ Date: _____

VISUAL FUNCTION – 14 QOL QUESTIONNAIRE

Because of your vision, how much difficulty to you have with the following activities?

Check the box that best describes how much difficulty you have, **even with glasses**.

If you do not perform the activity for reasons unrelated to your vision, select N/A

<u>Activity</u>	<u>None</u> <small>4</small>	<u>A Little</u> <small>3</small>	<u>Moderate</u> <small>2</small>	<u>Great Deal</u> <small>1</small>	<u>Unable To Do</u>	<u>N/A</u> <small>0</small>
1. Reading small, print, such as medicine bottle labels, a telephone book, or food labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reading a newspaper or a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading a large-print book or large-print newspaper or numbers on a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognizing people when they are close to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing steps, stairs or curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading traffic or street signs or store signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Doing fine handwork like sewing, knitting, crocheting, carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Writing checks or filling out forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Playing games such as bingo, dominos, card games, or mahjong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Taking part in sports like bowling, handball, tennis, golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently Drive a car?	Yes		No	
How much difficulty do you have driving during the day because of your vision?	None <small>4</small>	A Little <small>3</small>	Moderate amount <small>2</small>	A Great Deal <small>1</small>
How much difficulty do you have driving at night because of your vision?	None <small>4</small>	A Little <small>3</small>	Moderate amount <small>2</small>	A Great Deal <small>1</small>
Have you previously driven a car but since stopped?	Yes		No	
When did you stop driving?	Less than 6 months ago	6 to 12 months ago	More than 12 months ago	
Why did you stop driving?	Poor Vision	Other Illness	Other Reason	

- Please Turn Over -

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more, and the only way to help you see better is cataract surgery, do you feel your vision is bad enough to consider cataract surgery now?

- Yes, I feel that my vision is bad enough that I need to consider cataract surgery now.
- No, my vision is not that bad and I am not ready to consider cataract surgery yet.

Patient Signature: _____

Date: _____

Office Use Only: (C) # checked boxes in column
(F) factored amounts

None	A little	Moderate	Great deal	Unable
X4 =	X3 =	X2 =	X1 =	0

C = total number of checked boxes in column

F = sum of the Factored amounts

V = Final V-14 score

Final Score: (F _____ / C _____) x 25 = V

V = _____

Sum of Points	Degree of Visual Impairment	VF score
0 to 5	very severe impairment	0 to 9
6 to 16	severe impairment	10 to 29
17 to 41	moderate impairment	30 to 74
42 to 51	mild impairment	75 to 92
52 to 54	minimal impairment	93 to 98
55 to 56	no visual impairment	99 to 100