

# CATQUEST-9SF

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal address: \_\_\_\_\_

The purpose of this questionnaire is to find out what difficulties you have from impaired vision in your daily life.

So that we will be able to develop our medical care as well as we possibly can, we encourage you to respond to the questions in this form as candidly as you can.

This form concerns questions about your problems because of impaired vision in connection with some everyday life activities. If you use spectacles for long- and/or close-range vision, the questions apply to what it is like when you are using your best spectacles.

The questions in this form apply to your situation during the past 4 weeks.

**As you answer the questions on the next page** you should try to think only about the obstacles that your vision may be presenting you with. We agree that it can be hard to determine the difference that your vision in particular makes if you have other difficulties, such as joint trouble or dizziness, for example. Still, we do ask you to try to answer what significance you think your vision has for your possibilities to do the following things.

Whenever you are to indicate your difficulties, we have provided three possibilities for answers. We call them **very great difficulties**, **great difficulties** and **some difficulties**. Different people may have different ways of using language. Try to look at the three possibilities for answers as three equal-sized parts on a scale from most severe to mildest difficulty in performing different activities owing to your vision.

**Example of how we want to explain the scale with the three different possibilities for answers:**

Most severe \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mildest  
very great difficulties    great difficulties    some difficulties

A. Do you experience that your present vision is giving you difficulty in any way in your everyday life?

Yes, very great difficulties	Yes, great difficulties	Yes, some difficulties	No, no difficulties	Cannot decide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B. Are you satisfied or dissatisfied with your present vision?

Very dissatisfied	Rather dissatisfied	Fairly satisfied	Very satisfied	Cannot decide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Do you have difficulty with the following activities because of your vision? If so, how much? In each row, mark only one cross, in the square you think agrees best with reality.

	Yes, very great difficulties	Yes, great difficulties	Yes, some difficulties	No, no difficulties	Cannot decide
Reading text in the daily paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognise the faces of people you come across	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See prices when shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing to walk on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See to do handwork, woodworking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading text on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See to carry on an activity/hobby you are interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Many thanks for your help!