

PATIENT STICKER LABEL

Catquest-9SF Questionnaire

A. Do you find that your sight at present in some way causes you difficulty in your everyday life?

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

B. Are you satisfied or dissatisfied with your sight at present?

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

C. Do you have difficulty with the following activities because of your sight?

If so, to what extent? In each row place just one tick in the box which you think best corresponds to your situation.

	Yes, very great difficulty	Yes, great difficulty	Yes, some difficulty	No, no difficulty	Cannot decide
Reading text in newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognising the faces of people you meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing the prices of goods when shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing to walk on uneven surfaces, e.g. cobblestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing to do handicrafts, woodwork etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading subtitles on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing to engage in an activity/hobby that you are interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for taking part.