

PATIENT STICKER LABEL

Priquest Questionnaire

A. Because of your vision, do you have difficulty with the following activities?

	Extreme difficulty	Big difficulty	Some difficulty	No difficulty
A1. Reading newspaper print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Recognising the faces of people you meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Seeing the prices of goods when you shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. Seeing to walk on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5. Seeing to do needlework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. Reading TV text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7. Seeing to carry out preferred activity/hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B1. Do you feel that headlights, lamps, sunlight or other lights dazzle you, reducing your vision?

Extreme difficulty	Big difficulty	Some difficulty	No difficulty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B2. Do you experience visual disturbances from differences (clarity, colour, poor depth perception between two eyes)?

Extreme difficulty	Big difficulty	Some difficulty	No difficulty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C1. If you have a job, does your present vision cause any problems?

Extreme problems	Big problems	Some problems	No problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. If you are a car driver, does your present vision cause any difficulties in driving?

Extreme difficulty	Big difficulty	Some difficulty	No difficulty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. If you look after yourself or care for someone at home, does your present vision cause any problems?

Extreme problems	Big problems	Some problems	No problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>