

## Module 4: Visual Impairment and Access to Eye Care

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**CATI note: If respondent is less than 40 years of age, go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (273)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(274)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?  
(275)

**Read only if necessary:**

- |   |  |                   |
|---|--|-------------------|
| 1 | Within the past month (anytime less than 1 month ago)      | <b>[Go to Q5]</b> |
| 2 | Within the past year (1 month but less than 12 months ago) | <b>[Go to Q5]</b> |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |                   |
| 4 | 2 or more years ago  |                   |
| 5 | Never  |                   |

**Do not read:**

- |   |                        |                            |
|---|------------------------|----------------------------|
| 7 | Don't know / Not sure  |                            |
| 8 | Not applicable (Blind) | <b>[Go to next module]</b> |
| 9 | Refused                |                            |

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(276-277)

**Read only if necessary:**

- |     |   |  |
|-----|---|--|
| 0 1 | Cost/insurance  |  |
| 0 2 | Do not have/know an eye doctor                                    |  |
| 0 3 | Cannot get to the office/clinic (too far away, no transportation) |  |
| 0 4 | Could not get an appointment                                      |  |
| 0 5 | No reason to go (no problem)                                      |  |
| 0 6 | Have not thought of it  |  |
| 0 7 | Other   |  |

**Do not read:**

- |     |                        |                            |
|-----|------------------------|----------------------------|
| 7 7 | Don't know / Not sure  |                            |
| 0 8 | Not Applicable (Blind) | <b>[Go to next module]</b> |
| 9 9 | Refused                |                            |

**CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.**

5. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(278)

**Read only if necessary:**

- |   |  |  |
|---|--|--|
| 1 | Within the past month (anytime less than 1 month ago)      |  |
| 2 | Within the past year (1 month but less than 12 months ago) |  |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |  |
| 4 | 2 or more years ago  |  |
| 5 | Never  |  |

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

6. Do you have any kind of health insurance coverage for eye care?

(279)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(280)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(281)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)**

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(282)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused