

# Cat-PROM5 Questionnaire

## STRICTLY CONFIDENTIAL

Thank you for helping us to know more about how cataract affects your eyesight.

SOME OF THE QUESTIONS MAY SEEM SIMILAR BUT PLEASE ANSWER ALL

Full Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

### Please read the following information

Please think about your **eyesight** in the **past month**.

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

If you have had an eye operation, an eyesight test, a change of glasses or a sudden change in the eyesight **in the past month** please inform us **now**.

**Please ask for help** if the questions are not clear



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# Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

1. In the past month, have you felt that **your bad eye** is affecting or interfering with your vision overall?

No, never  0

Yes, some of the time  1

Yes, most of the time  2

Yes, all of the time  3



# Cat-PROM5 Questionnaire

The rest of the questions are about your eyesight **overall**, using **both eyes together**. If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Think about how your **eyesight** has made you **feel** in the **past month**.

2. In the past month,

**How much** has your **eyesight** interfered with your **life in general**?

Not at all  0

Hardly at all  1

A little  2

A fair amount  3

A lot  4

An extremely large amount  5



# Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

3. How would you describe your vision **overall in the past month** - with both eyes open, wearing glasses or contact lenses if you usually do?

- |            |                          |   |
|------------|--------------------------|---|
| Excellent  | <input type="checkbox"/> | 0 |
| Very good  | <input type="checkbox"/> | 1 |
| Quite good | <input type="checkbox"/> | 2 |
| Average    | <input type="checkbox"/> | 3 |
| Quite poor | <input type="checkbox"/> | 4 |
| Very poor  | <input type="checkbox"/> | 5 |
| Appalling  | <input type="checkbox"/> | 6 |

4. In the past month, how often has your **eyesight** prevented you from doing the things you would like to do?

- |                  |                          |   |
|------------------|--------------------------|---|
| Never            | <input type="checkbox"/> | 0 |
| Some of the time | <input type="checkbox"/> | 1 |
| Most of the time | <input type="checkbox"/> | 2 |
| All of the time  | <input type="checkbox"/> | 3 |



# Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

5. In the past month, have you had difficulty reading normal print in books or newspapers **because of trouble with your eyesight?**

No difficulty  0

Yes, a little difficulty  1

Yes, some difficulty  2

Yes, a great deal of difficulty  3

I cannot read any more **because of my eyesight**  4

I cannot read because of **other reasons**  8



# Cat-PROM5 Questionnaire

6. Please tell us who actually gave the answers to the questions and who wrote them down

I gave **all** the answers and wrote them down **myself**  1

I gave **all** the answers and someone else wrote them down as I spoke  2

A friend or relative gave some of the answers on my behalf  3

Please write today's date here:

/	/	
DAY	MONTH	YEAR

**NOW, PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS ON EVERY PAGE.**

Please hand back to the person who provided you with this questionnaire or return in the envelope supplied to:

Thank you for completing this questionnaire about your eyesight.

Your answers will be **confidential**.

