**Recommended Vision Questions for Use in Community Surveys**

**Prepared by**

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**The Survey Questionnaire Workgroup of the Data and Research Committee of the Aging and Vision Loss National Coalition was established in the spring of 2021 to identify survey questions from federally sponsored population-based surveys with potential utility for vision rehabilitation agencies to use in state and local surveys. Selected questions can be used to identify vision impairment, access to care, as well as the need for state and federal funding. By using existing questions from established national surveys limitations regarding validity, reliability, and comparability with county, state, and national population estimates were largely addressed.**

**The workgroup identified vision questions from multiple surveys and clustered those questions into three tiers.**

**Tier 1 represents five questions that have high utility for estimating the prevalence of vision impairment and access to vision rehabilitation services. A summary of the strengths and weaknesses of each question is identified to assist in the selection of questions, and a link is provided to the survey to obtain exact wording and response categories.**

**Tier 2 shows an additional 12 questions that have appeared in national surveys. These questions may be useful to embed in community surveys or gathered as agency intake information. Responses in most cases can be compared to national data.**

**Tier 3 archives additional questions that have appeared in national surveys.**

**Some may be useful for agencies serving people who are blind and visually impaired. By and large, these questions are provided as a resource summary.**

**The reliability of questions asking about diagnosed eye disease, for example, do not have established reliability.**

**Those questions appear in Appendix A.**

**The hope of this workgroup is that this summary of survey questions will be useful to providers to improve data collection at the state and community level.**

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| **Survey Questions** | **Source/Strengths/Weaknesses** |
| **TIER 1** |  |
| 1.How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? 2. How much difficulty, if any, do you have in recognizing a friend across the street? | Behavioral Risk Factors Surveillance System (BRFSS) Vision Module QuestionsFrom 2005-2011 the Behavioral Risk Factors Surveillance System (BRFSS) employed a ten-question vision module regarding vision impairment, access and utilization of eye care, and self-reported eye diseases.Strengths: Responses to two questions are scaled, allowing for distinctions regarding the severity of vision. Response categories allow policymakers/advocates to engage eye care professionals as well as vision rehabilitation.The survey has been administered in 22 states so there is some level of comparability with existing data. Several vision and eye health disparity papers available using these data.Weaknesses:Survey responses are not comparable with national population-based estimates.The survey is no longer administered by CDC’s BRFSS.<https://catalog.data.gov/dataset/brfss-vision-module-data-vision-eye-health-932c1> |
| 3. Are you blind or do you have serious difficulty seeing even when wearing glasses? | ACS (American Community Survey)/BRFSS Core Vision QuestionStrengths: The same question is asked in the BRFSS in 2013 and subsequently and the American Community Survey/Census (ACS)Strengths: Responses to questions can be compared with national, state, and county-level population estimates.An increasing amount of published analysis of national characteristics and disparities available.The question has a great utility of vision rehabilitation since it captures the severity of vision impairment.Weaknesses: The question only captures severe vision impairment and excludes respondents who have mild and moderate vision impairment.<https://www.cdc.gov/brfss/questionnaires/index.htm> |
| 4. When was the last time you had eyes examined by an eye care provider?  | From BRFSS Vision Module |
| 5. Have you utilized vision rehabilitation services such as training in daily living skills or travel skills with a white cane or dog guide, or do you use any of the following adaptive devices: CCTV, talking items or large print materials, telescopic or other prescriptive lenses?  | Proposed vision rehabilitation access question is derived from two questions employed in the National Health Interview Survey Vision ModuleSurvey Vision Module that is administered about every 6-8 years.1. Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?6. Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?<https://www.cdc.gov/nchs/nhis/index.htm> |
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| **TIER 2** |  |
| 6. 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. | From BRFSS Vision Module  |
| 7. What is the main reason you have not visited an eye care professional in the last 12 months? | From BRFSS Vision Module |
| 8. Do you have any kind of health insurance coverage for eye care? | From BRFSS Vision Module |
| 9. Can you see well enough to prepare simple meals on your own?  | From BRFSS Vision Module |
| 10. Can you see well enough to work your television? | From BRFSS Vision Module |
| 11. Are you able to see your telephone to dial phone calls, including 911? | From BRFSS Vision Module |
| 12. Are you able to see your medicine bottle labels or have you had any mishaps with medicine in the past month? | From BRFSS Vision Module |
| 13. Can you see to sign your name and/or pay your bills? | From BRFSS Vision Module |
| 14. Have you tripped or run into something in the past month?  | From BRFSS Vision Module |
| 15. Are you able to get to the grocery store, doctor offices, etc.?  | From BRFSS Vision Module |
| 16. Do you have any trouble seeing, even when wearing glasses or contact lenses?17. Are you blind or unable to see at all? | National Health Interview Core Vision Questions.If response to first question is positive, then second question is asked.<https://www.cdc.gov/nchs/nhis/index.htm> |

**Appendix A**

**Tier 3**

Below is a sampling of questions that have appeared in national surveys. As was noted above, these questions may be useful for agencies serving people who are blind or visually impaired; however, questions pertaining to eye diseases do not have established reliability. These questions used in other surveys may have utility to organizations investigating the factors identified below.

1. Have you EVER been told by a doctor or other health professional that you had...Diabetic retinopathy?
2. Have you lost any vision because of diabetic retinopathy?
3. Have you EVER been told by a doctor or other health professional that you had...Cataracts
4. Have you lost any vision because of cataracts?
5. Have you ever had cataract surgery?
6. Have you EVER been told by a doctor or other health professional that you had...Glaucoma?
7. Have you lost any vision because of glaucoma?
8. Have you EVER been told by a doctor or other health professional that you had...Macular Degeneration
9. Have you lost any vision because of macular degeneration?
10. Do you currently wear eyeglasses or contact lenses?
11. Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?
12. Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?
13. Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for you...To read ordinary print in newspapers
14. Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you ...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools
15. Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you ...To go down steps, stairs, or curbs in dim light or at night
16. Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you ...To drive during daytime in familiar places
17. Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you...To notice objects off to the side while you are walking along
18. Even when wearing glasses or contacts lenses, because of your eyesight, how difficult is it for you ...To find something on a crowded shelf
19. Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.
20. When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

Crews, J.E., Lollar, D.J., Kemper, A.R., Lee, L.M., Owsley, C., Zhang, X., Elliott, A.F., Chou, C.F. and Saaddine, J.B., 2012. The variability of vision loss assessment in federally sponsored surveys: seeking conceptual clarity and comparability. *American journal of ophthalmology*, 154(6), pp.S31-S44.