**Vision Questions for Oklahoma.**

Lead: 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—**

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—**

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?**

Read only if necessary:

1 Within the past month (anytime less than 1 month ago) [Go to Q5]

2 Within the past year (1 month but less than 12 months ago) [Go to Q5]

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

Source: 2008 Behavioral Risk Factor Surveillance System, Vision Module. <https://www.cdc.gov/brfss/questionnaires/pdf-ques/2008brfss.pdf>

Skip pattern: Ask Question 4 if response to Question 1 or 2 is 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,

7 Don’t know / Not sure, 8 Not applicable, 9 Refused

**4. Do you use any vision rehabilitation services, such counseling, or training in daily living skills and mobility, or any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?**

Yes/No

Source: Adapted from Vision Module, National Health Interview Survey