Appendices
# Appendix I

## General Information Blank

<table>
<thead>
<tr>
<th>Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Reasons for Joining TCAB (NIVH)</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Urban/rural</td>
<td></td>
</tr>
<tr>
<td>Types of co morbidity</td>
<td></td>
</tr>
<tr>
<td>If yes what type</td>
<td></td>
</tr>
<tr>
<td>Native place</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>
Appendix II
Visual Functioning Questionnaire - 25

PART 1 - GENERAL HEALTH AND VISION

1. In general, would you say your overall health is*: 
   (Circle One)

   READ CATEGORIES:
   Excellent ....................... 1
   Very Good ............................. 2
   Good ................................. 3
   Fair ........................................ 4
   Poor ........................................... 5

2. At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?
   (Circle One)

   READ CATEGORIES:
   Excellent ....................... 1
   Good ................................. 2
   Fair ........................................ 3
   Poor ........................................... 4
   Very Poor ............................. 5
   Completely Blind ...................... 6

3. How much of the time do you worry about your eyesight?
   (Circle One)

   READ CATEGORIES:
   None of the time ....................... 1
   A little of the time .................... 2
   Some of the time ....................... 3
   Most of the time ...................... 4
   All of the time? ....................... 5

* Skip Question 1 when the VFQ-25 is administered at the same time as the SF-36 or RAND 36-Item Health Survey 1.0
4. How much pain or discomfort have you had in and around your eyes (for example, burning, itching, or aching)? Would you say it is:

(Circle One)

READ CATEGORIES:
None...........................................1
Mild...........................................2
Moderate....................................3
Severe, or...................................4
Very severe?.........................5

PART 2 - DIFFICULTY WITH ACTIVITIES

The next questions are about how much difficulty, if any, you have doing certain activities wearing your glasses or contact lenses if you use them for that activity.

5. How much difficulty do you have reading ordinary print in newspapers? Would you say you have:

(READ CATEGORIES AS NEEDED)

(Circle One)
No difficulty at all..................................................1
A little difficulty ....................................................2
Moderate difficulty...............................................3
Extreme difficulty...................................................4
Stopped doing this because of your eyesight..................5
Stopped doing this for other reasons or not interested in doing this ..........6

6. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools? Would you say:

(READ CATEGORIES AS NEEDED)

(Circle One)
No difficulty at all..................................................1
A little difficulty ....................................................2
Moderate difficulty...............................................3
Extreme difficulty...................................................4
Stopped doing this because of your eyesight..................5
Stopped doing this for other reasons or not interested in doing this ..........6
7. Because of your eyesight, how much difficulty do you have finding something on a crowded shelf?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all.................................................................1
A little difficulty ................................................................. 2
Moderate difficulty ............................................................3
Extreme difficulty ...............................................................4
Stopped doing this because of your eyesight........................... 5
Stopped doing this for other reasons or not interested in doing this .......6

8. How much difficulty do you have reading street signs or the names of stores?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all.................................................................1
A little difficulty ................................................................. 2
Moderate difficulty ............................................................3
Extreme difficulty ...............................................................4
Stopped doing this because of your eyesight........................... 5
Stopped doing this for other reasons or not interested in doing this .......6

9. Because of your eyesight, how much difficulty do you have going down steps, stairs, or curbs in dim light or at night?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all.................................................................1
A little difficulty ................................................................. 2
Moderate difficulty ............................................................3
Extreme difficulty ...............................................................4
Stopped doing this because of your eyesight........................... 5
Stopped doing this for other reasons or not interested in doing this .......6

10. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all.................................................................1
A little difficulty ................................................................. 2
Moderate difficulty ............................................................3
Extreme difficulty ...............................................................4
Stopped doing this because of your eyesight........................... 5
Stopped doing this for other reasons or not interested in doing this .......6
11. Because of your eyesight, how much difficulty do you have seeing how people react to things you say?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all................................................................. 1
A little difficulty ................................................................. 2
Moderate difficulty ......................................................... 3
Extreme difficulty ......................................................... 4
Stopped doing this because of your eyesight ......................... 5
Stopped doing this for other reasons or not interested in doing this ......... 6

12. Because of your eyesight, how much difficulty do you have picking out and matching your own clothes?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all................................................................. 1
A little difficulty ................................................................. 2
Moderate difficulty ......................................................... 3
Extreme difficulty ......................................................... 4
Stopped doing this because of your eyesight ......................... 5
Stopped doing this for other reasons or not interested in doing this ......... 6

13. Because of your eyesight, how much difficulty do you have visiting with people in their homes, at parties, or in restaurants?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all................................................................. 1
A little difficulty ................................................................. 2
Moderate difficulty ......................................................... 3
Extreme difficulty ......................................................... 4
Stopped doing this because of your eyesight ......................... 5
Stopped doing this for other reasons or not interested in doing this ......... 6

14. Because of your eyesight, how much difficulty do you have going out to see movies, plays, or sports events?

(READ CATEGORIES AS NEEDED)

(Circle One)

No difficulty at all................................................................. 1
A little difficulty ................................................................. 2
Moderate difficulty ......................................................... 3
15. Now, I’d like to ask about driving a car. Are you currently driving, at least once in a while?

(Circle One)

Yes ................. 1    **Skip to Q 15c**
No .................. 2

15a. IF NO, ASK: Have you never driven a car or have you given up driving?

(Circle One)

Never drove ....... 1    **Skip to Part 3, Q 17**
Gave up .......... 2

15b. IF GAVE UP DRIVING: Was that mainly because of your eyesight, mainly for some other reason, or because of both your eyesight and other reasons?

(Circle One)

Mainly eyesight ......................... 1    **Skip To Part 3, Q 17**
Mainly other reasons .................... 2    **Skip To Part 3, Q 17**
Both eyesight and other reasons ... 3    **Skip To Part 3, Q 17**

15c. IF CURRENTLY DRIVING: How much difficulty do you have driving during the daytime in familiar places? Would you say you have:

(Circle One)

No difficulty at all.................................................................1
A little difficulty .................................................................2
Moderate difficulty.............................................................3
Extreme difficulty.............................................................4
16. How much difficulty do you have driving at night? Would you say you have:

(READ CATEGORIES AS NEEDED) (Circle One)

- No difficulty at all ................................................................. 1
- A little difficulty ............................................................... 2
- Moderate difficulty ......................................................... 3
- Extreme difficulty ............................................................ 4
- Have you stopped doing this because of your eyesight ................... 5
- Have you stopped doing this for other reasons or are you not interested in doing this ..................................................... 6

16a. How much difficulty do you have driving in difficult conditions, such as in bad weather, during rush hour, on the freeway, or in city traffic? Would you say you have:

(READ CATEGORIES AS NEEDED) (Circle One)

- No difficulty at all ................................................................. 1
- A little difficulty ............................................................... 2
- Moderate difficulty ......................................................... 3
- Extreme difficulty ............................................................ 4
- Have you stopped doing this because of your eyesight ................... 5
- Have you stopped doing this for other reasons or are you not interested in doing this ..................................................... 6

PART 3: RESPONSES TO VISION PROBLEMS

The next questions are about how things you do may be affected by your vision. For each one, I’d like you to tell me if this is true for you all, most, some, a little, or none of the time.

READ CATEGORIES: (Circle One On Each Line)

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Do you accomplish less than you would like because of your vision?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. Are you limited in how long you can work or do other activities because of your vision?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How much does pain or discomfort in or around your eyes, for example, burning, itching, or aching, keep you from doing what you’d like to be doing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
For each of the following statements, please tell me if it is definitely true, mostly true, mostly false, or definitely false for you or you are not sure.

READ CATEGORIES: (Circle One On Each Line)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. I stay home most of the time because of my eyesight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. I feel frustrated a lot of the time because of my eyesight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. I have much less control over what I do, because of my eyesight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. Because of my eyesight, I have to rely too much on what other people tell me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. I need a lot of help from others because of my eyesight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. I worry about doing things that will embarrass myself or others, because of my eyesight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

That's the end of the interview. Thank you very much for your time and your help.
Appendix III

Multidimensional Scale of Perceived Social Support Assessment

Source: The items come from the 12-item Multidimensional Scale of Perceived Social Support. Used with permission


Scale Description: A 12-item scale of perceived social support from family and friends. It does not refer to deployment.

Scoring and Algorithm

Note: For each assessment, there is an algorithm leading to one of three acuity ranges. The logic for the user receiving specific feedback is included in the algorithms below.

Scoring, Algorithm and Feedback notes

Each item is scored 1-7 as indicated below. Total is sum of all 12 items, possible range for total is 7-84.

All items are scored:

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Strongly Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>3</td>
</tr>
<tr>
<td>Neutral</td>
<td>4</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>5</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>6</td>
</tr>
<tr>
<td>Very Strongly Agree</td>
<td>7</td>
</tr>
</tbody>
</table>
Algorithm
Total = 69-84   High Acuity
Total = 49-68   Moderate Acuity
Total = 12-48   Low Acuity

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

<table>
<thead>
<tr>
<th>Very strongly Disagree</th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Neutral</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
<th>Very Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7
2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7
3. My family really tries to help me. 1 2 3 4 5 6 7
4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7
6. My friends really try to help me. 1 2 3 4 5 6 7
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7
8. I can talk about my problems with my family. 1 2 3 4 5 6 7
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7
10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7
11. My family is willing to help me make decisions. 1 2 3 4 5 6 7
12. I can talk about my problems with my friends. 1 2 3 4 5 6 7
Appendix IV

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.

0  I do not feel sad.
1  I feel sad
2  I am sad all the time and I can't snap out of it.
3  I am so sad and unhappy that I can't stand it.

2.

2. I am not particularly discouraged about the future.
3. I feel discouraged about the future.
4. I feel I have nothing to look forward to.
5. I feel the future is hopeless and that things cannot improve.

3.

3. I do not feel like a failure.
4. I feel I have failed more than the average person.
5. As I look back on my life, all I can see is a lot of failures.
6. I feel I am a complete failure as a person.

4.

4. I get as much satisfaction out of things as I used to.
5. I don't enjoy things the way I used to.
6. I don't get real satisfaction out of anything anymore.
7. I am dissatisfied or bored with everything.

5.

5. I don't feel particularly guilty
6. I feel guilty a good part of the time.
7. I feel quite guilty most of the time.
8. I feel guilty all of the time.
6. I don't feel I am being punished.
7. I feel I may be punished.
8. I expect to be punished.
9. I feel I am being punished.

7. I don't feel disappointed in myself.
8. I am disappointed in myself.
9. I am disgusted with myself.
10. I hate myself.

8. I don't feel I am any worse than anybody else.
9. I am critical of myself for my weaknesses or mistakes.
10. I blame myself all the time for my faults.
11. I blame myself for everything bad that happens.

9. I don't have any thoughts of killing myself.
10. I have thoughts of killing myself, but I would not carry them out.
11. I would like to kill myself.
12. I would kill myself if I had the chance.

10. I don't cry any more than usual.
11. I cry more now than I used to.
12. I cry all the time now.
13. I used to be able to cry, but now I can't cry even though I want to.

11. I am no more irritated by things than I ever was.
12. I am slightly more irritated now than usual.
13. I am quite annoyed or irritated a good deal of the time.
14. I feel irritated all the time.
12. I have not lost interest in other people.
13. I am less interested in other people than I used to be.
14. I have lost most of my interest in other people.
15. I have lost all of my interest in other people.

13. I make decisions about as well as I ever could.
14. I put off making decisions more than I used to.
15. I have greater difficulty in making decisions more than I used to.
16. I can't make decisions at all anymore.

14. I don't feel that I look any worse than I used to.
15. I am worried that I am looking old or unattractive.
16. I feel there are permanent changes in my appearance that make me look unattractive.
17. I believe that I look ugly.

15. I can work about as well as before.
16. It takes an extra effort to get started at doing something.
17. I have to push myself very hard to do anything.
18. I can't do any work at all.

16. I can sleep as well as usual.
17. I don't sleep as well as I used to.
18. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
19. I wake up several hours earlier than I used to and cannot get back to sleep.

17. I don't get more tired than usual.
18. I get tired more easily than I used to.
19. I get tired from doing almost anything.
20. I am too tired to do anything.
18.

25. My appetite is no worse than usual.
26. My appetite is not as good as it used to be.
27. My appetite is much worse now.
28. I have no appetite at all anymore.

19.

0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

20.

0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21.

0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.
Total Score ____________________ Levels of Depression

1-10 ________________ These ups and downs are considered normal
11-16 ________________ Mild mood disturbance
17-20 ________________ Borderline clinical depression
21-30 ________________ Moderate depression
31-40 ________________ Severe depression
Over 40 ________________ Extreme depression

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT.
ABOUT YOU

Before you begin we would like to ask you to answer a few general questions about yourself: by circling the correct answer or by filling in the space provided.

What is your gender? Male Female
What is your date of birth? Day / Month / Year
What is the highest education you received? None at all Primary school Secondary school Tertiary
What is your marital status? Single Separated Married Divorced Living as married Widowed
Are you currently ill? Yes No

If something is wrong with your health what do you think it is? _______________________ illness/ problem

Instructions
This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which
response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

<table>
<thead>
<tr>
<th>Do you get the kind of support from others that you need?</th>
<th>Not at all</th>
<th>Not much</th>
<th>Moderately</th>
<th>A great deal</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others as follows.

<table>
<thead>
<tr>
<th>Do you get the kind of support from others that you need?</th>
<th>Not at all</th>
<th>Not much</th>
<th>Moderately</th>
<th>A great deal</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

<table>
<thead>
<tr>
<th>1(G1)</th>
<th>How would you rate your quality of life?</th>
<th>Very poor</th>
<th>Poor</th>
<th>Neither poor or good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2(G4)</th>
<th>How satisfied are you with your health?</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>


The following questions ask about **how much** you have experienced certain things in the last two weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3(F1.4) To what extent do you feel that physical pain prevents you from doing what you need to do?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4(F11.3) How much do you need any medical treatment to function in your daily life?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5(F4.1) How much do you enjoy life?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6(F24.2) To what extent do you feel your life to be meaningful?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7(F5.3) How well are you able to concentrate?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8(F16.1) How safe do you feel in your daily life?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9(F22.1) How healthy is your physical environment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>10(F2.1) Do you have enough energy for everyday life?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11(F7.1) Are you able to accept your bodily appearance?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12(F18.1) Have you enough money to meet your needs?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13(F20.1) How available to you is the information that you need in your day-to-day life?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14(F21.1) To what extent do you have the opportunity for leisure activities?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15(F9.1) How well are you able to get around?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>How satisfied are you with your sleep?</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>16(F3.3)</td>
<td></td>
<td>16(F3.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17(F10.3)</td>
<td></td>
<td>17(F10.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18(F12.4)</td>
<td></td>
<td>18(F12.4)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19(F6.3)</td>
<td></td>
<td>19(F6.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20(F13.3)</td>
<td></td>
<td>20(F13.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21(F15.3)</td>
<td></td>
<td>21(F15.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22(F14.4)</td>
<td></td>
<td>22(F14.4)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23(F17.3)</td>
<td></td>
<td>23(F17.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24(F19.3)</td>
<td></td>
<td>24(F19.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25(F23.3)</td>
<td></td>
<td>25(F23.3)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>How often do you have negative feelings such as blue mood, despair, anxiety, depression?</th>
<th>Never</th>
<th>Seldom</th>
<th>Quite often</th>
<th>Very often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>26(F8.1)</td>
<td></td>
<td>26(F8.1)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Did someone help you to fill out this form?
........................................................................................................................................

How long did it take to fill this form out?
........................................................................................................................................

Do you have any comments about the assessment?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

THANK YOU FOR YOUR HELP
Appendix VI

Jenny de Jong Gierveld and Theo van Tilburg Scale of Loneliness

Q.1) There is always someone I can talk to about my day-to-day problems.
   Yes
   More or Less
   No

Q.2) I miss having a real close friend.
   Yes
   More or Less
   No

Q.3) I experience a general sense of emptiness.
   Yes
   More or Less
   No

Q.4) There are plenty of people I can lean on when I have problems.
   Yes
   More or Less
   No

Q.5) I miss the pleasure of the company of others.
   Yes
   More or Less
   No

Q.6) I find my circle of friends and acquaintances too limited.
   Yes
   More or Less
   No
Q.7) There are many people I can trust completely.
   Yes
   More or Less
   No

Q.8) There are enough people I feel close to.
   Yes
   More or Less
   No

Q.9) I miss having people around.
   Yes
   More or Less
   No

Q.10) I often feel rejected
     Yes
     More or Less
     No

Q.11) I can call on my friends whenever I need them.
     Yes
     More or Less
     No
Appendix VII

User Agreement for WHOQOL Bref and related materials

This agreement is between the World Health Organization (“WHO”) and XXXX. WHO hereby grants User a nonexclusive, royalty free license to use the World Health Organization Quality of Life Questionnaire and/or related materials (hereafter referred to as “WHOQOL Bref”) in User’s study outlined below. The term of this User Agreement shall be for a period of 1 year, commencing on the date xxxx.

The approved study for this User Agreement is:

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Multi-informant assessment of the visually impaired adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td>Swati Dixit</td>
</tr>
<tr>
<td>Sample characteristics</td>
<td>Early and Middle aged visually impaired adults</td>
</tr>
<tr>
<td>Sample size</td>
<td>200</td>
</tr>
<tr>
<td>Treatment Intervention</td>
<td>Preventative Trials</td>
</tr>
<tr>
<td>Total number of assessments</td>
<td>5</td>
</tr>
<tr>
<td>Assessment time points</td>
<td>8 Weeks</td>
</tr>
<tr>
<td>WHOQOL Bref version</td>
<td>WHOQOL-100 (Field Trial Version)</td>
</tr>
<tr>
<td>Other measures</td>
<td>Beck Depression Scale, VFQ-25, De J Gierveld Scale, Dahlem and Farley - 1988.</td>
</tr>
</tbody>
</table>

This User Agreement is based upon the following conditions:

1. User shall not modify, abridge, condense, translate, adapt, recast or transform the WHOQOL Bref in any manner or form, including but not limited to any minor or significant change in wording or organization, or administration procedures, of the WHOQOL Bref. If User thinks that changes are necessary for its work, or if translation is necessary, User must obtain written approval from WHO in advance of making such changes.

2. User shall not reproduce WHOQOL Bref except for the limited purpose of generating sufficient copies for its own uses and shall in no event distribute
copies of the WHOQOL Bref to third parties by sale, rental, lease, lending, or any other means. In addition, User agrees that it will not use the WHOQOL Bref for any purpose other than conducting studies as specified above, unless agreed in writing by WHO. In any event, the WHOQOL Bref should not be used for research or clinical purposes without prior written authorization from WHO;

3. User agrees to provide WHO with an annual update regarding activities related to the WHOQOL Bref.

4. User agrees to provide WHO with a complete copy of User’s raw data and data code books, including the WHOQOL Bref and any other instruments used in the study. This data set must be forwarded to WHO upon the conclusion of User’s work. While User remains the owner of the data collected in User’s studies, these data may be used in WHO analyses for further examining the psychometric properties of the WHOQOL Bref. WHO asserts the right to present and publish these results, with due credit to the User as the primary investigator, as part of the overall WHOQOL Bref development strategy.

5. WHO shall be responsible for preparing and publishing the overall WHOQOL Bref results under WHO copyright, including:
   a. the overall strategy, administrative set-up and design of the study including the instruments employed;
   b. common methods used by two or more Users;
   c. the data reported from two or more Users;
   d. the comparisons made between the data reported from the Users;
   e. the overall findings and conclusions.

6. User shall be responsible for publications concerning information developed exclusively by User and methods employed only by User. Publications describing results obtained by User will be published in User’s name and shall include an acknowledgement of WHO. User agrees to send to WHO a copy of each such paper prior to its submission for publication.

7. WHO may terminate this User Agreement at any time, in any event. Should WHO terminate this User Agreement, User shall immediately cease all use of the WHOQOL Bref and destroy or return all copies of the WHOQOL Bref. In
the event of such termination, all other collateral materials shall be destroyed and no copy thereof shall be retained by User. Notwithstanding the return or destruction of the WHOQOL Bref and its collateral materials, User will continue to be bound by the terms of this User Agreement.

8. It is understood that this User Agreement does not create any employer/employee relationship. User and its affiliates are not entitled to describe themselves as staff members of WHO. User shall be solely responsible for the manner in which work on the project is carried out and accordingly shall assume full liability for any damage arising there from. No liability shall attach to WHO, its advisers, agents or employees.

Please confirm your agreement with the foregoing by signing and returning one copy of this letter to WHO, whereupon this letter agreement shall become a binding agreement between User and WHO.

WHO:

Dr. Somnath Chatterji
Health Statistics and Health Information Systems (HSI)
World Health Organization
Avenue Appia
Geneva 27
CH 1211 Switzerland

Date: 

User:

By: Swati Dixit
Title: Research Scholar
Institution: Banasthali Vidyapith
Address: P.O Banasthali Vidyapith, Rajasthann - 304022
Date: 08-June-2013
permission for loneliness scale

Jenny Gierveld <Gierveld@nidi.nl>  
To: Swati Dixit <swati.1686.dixit@gmail.com>  

Mon, Sep 10, 2012 at 12:51 PM

Dear Swati Dixit,

The use of the short loneliness scale is allowed given that you refer to the correct references, and use the procedures as advised. For your convenience I attach some articles that might be helpful.

Warm regards,

Jenny Gierveld

---

From: Swati Dixit [swati.1686.dixit@gmail.com]
Sent: Sunday, September 09, 2012 9:28 AM
To: Jenny Gierveld
Subject: permission for loneliness scale

---

swati dixit

---

3 attachments

- Appendix. 11-item De Jong Gierveld loneliness scale.12.05.29.doc  
  44K

- 1999 JG & TvT Loneliness manual.pdf  
  1249K