

Low Luminance Questionnaire

INSTRUCTIONS

I'm going to read you some statements about problems that involve your vision under different lighting conditions or feelings that you have about your vision under different lighting conditions. After each question I will read you a list of possible answers. Please choose the response that best describes your situation at the present time.

Please answer all the questions as if you were wearing your glasses or contact lenses (if any). Please take as much time as you need to answer each question. All your answers are confidential. In order for this survey to improve our knowledge about vision problems under different lighting conditions and how they affect your quality of life, your answers must be as accurate as possible. Remember, if you wear glasses or contact lenses for a particular activity, please answer the following questions as though you were wearing them.

1. Do you have difficulty seeing in bright sunlight?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped going out in bright sunlight because of your vision
- 7- Stopped for other reasons

1.

2. Do you have difficulty seeing in fluorescent lighting, like that found in stores and offices?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped going to places with fluorescent lighting because of your vision
- 7- Stopped for other reasons

2.

3. Do you have difficulty seeing people's faces in a hallway when direct sunlight is behind them?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

3.

4. Do you have difficulty reading menus in dimly lit restaurants?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8 – Never reads menus

4.

5. Do you have difficulty reading the newspaper without good lighting?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8- Never read the newspaper

5.

6. Do you get upset because you have difficulty seeing while driving in the rain at night?

- 1- Don't have difficulty with rain at night
- 2- Get upset none of the time
- 3- A little of the time
- 4- Some of the time
- 5- Most or all of the time
- 6 - Stopped doing because of your vision
- 7- Stopped for other reasons
- 8 - Never drove

6.

7. Do you have difficulty reading material printed on dark colored paper?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8- Never read material printed on dark colored paper

7.

8. Do you have difficulty seeing dark colored cars while driving at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8- Never drove

8.

9. Because of your vision, are you bothered that you have difficulty moving around in a darkened theater?

- 1- Don't have difficulty getting around
- 2- Bothered none of the time
- 3- A little of the time
- 4- Some of the time
- 5- Most or all of the time
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

9.

10. Because of your vision, do you have difficulty going out to nighttime social events such as sporting events, the theater, friend's homes, church, or restaurants?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

10.

11. Do you depend on others to help you because of your vision at night or under poor lighting?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Stopped going out under these conditions because vision causes you to be dependent on others
- 6- Stopped for other reasons

11.

12. Do you worry or are you concerned that you might fall at night because of your vision?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Stopped doing because vision causes you to worry about falling at night
- 6- Stopped for other reasons

12.

13. Do you have difficulty seeing colors at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

13.

14. Do you have difficulty seeing furniture in dimly lit rooms with dark floors?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

14.

15. Do you have difficulty seeing at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions

15.

16. Do you have difficulty seeing in poor lighting conditions such as at dusk or dawn or in a poorly lit room?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty

5- Completely blind under these conditions

16.

17. Do you have difficulty with depth perception at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions

17.

18. Do you have difficulty seeing in candlelight?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped going to places with candlelight because of your vision
- 7- Stopped for other reasons

18.

19. Do you have difficulty seeing when you visit other people's homes because there is not enough light?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

19.

20. Do you have difficulty seeing under kitchen counters or in cabinets or closets because there is not enough light?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons

20.

21. Do you have difficulty with your peripheral vision under poor lighting conditions?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty

- 4- A lot of difficulty
- 5- Completely blind under these conditions

21

22. Do you have difficulty with your peripheral vision at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions

22.

23. Do you have difficulty with your peripheral vision in bright sunlight?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions

23.

24. Do you have difficulty reading street signs when driving at night?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8- Never drove

24.

25. While driving at night, do headlights from oncoming cars cause you difficulty?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing because of your vision
- 7- Stopped for other reasons
- 8- Never drove

25.

26. Have you limited driving in the rain at night because of difficulty seeing?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Completely blind under these conditions
- 6- Stopped doing because of your vision
- 7- Stopped for other reasons
- 8- Never drove

26.

27. Do you limit your driving at night due to your vision?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Stopped doing because of vision
- 6- Stopped for other reasons
- 7- Never drove

27.

28. Do you have difficulty seeing while driving at dawn or dusk because of glare?

- 1- No difficulty at all
- 2- A little difficulty
- 3- Some difficulty
- 4- A lot of difficulty
- 5- Completely blind under these conditions
- 6- Stopped doing this because of your vision
- 7- Stopped for other reasons
- 8- Never drove

28.

29. Do you worry or are you concerned that you may make a mistake at a social event because you can't see well enough under poor lighting conditions? (for example, getting food on a fork, recognizing people, or reading the menu in a dimly lit restaurant)

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time

- 5- Stopped going to social events because concerned about making a mistake
- 6- Stopped for other reasons

29.

30. Do you feel bad or depressed about your ability to see at night or under poor lighting conditions?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Stopped going out under these conditions because feel bad or depressed about your ability to see
- 6 – Stopped for other reasons

30.

31. Do you feel bad or depressed because your vision at night or under poor lighting keeps you from doing all that you would like to do?

- 1- Not limited by vision at night or under poor lighting
- 2- Feel bad none of the time
- 3- A little of the time
- 4- Some of the time
- 5- Most or all of the time
- 6- Stopped trying to do things because feel bad or depressed about your vision under these conditions
- 7- Stopped for other reasons

31.

32. Do you feel bad or depressed that you aren't able to help others as much as you want because of your vision at night or under poor lighting?

- 1- None of the time
- 2- A little of the time
- 3- Some of the time
- 4- Most or all of the time
- 5- Stopped trying to help others because feel bad or depressed about your vision under these conditions
- 6 – Stopped for other reasons

32.

Scoring Instructions

Each of the 32 questionnaire items should be scored using the values in Table 1. Subscale scores are obtained by averaging the questionnaire items associated with each subscale as indicated in Table 2.

Table 1. Item Scoring

| Item Number | Scoring |
|---|---|
| 1, 2, 3, 10, 13, 14, 18, 19, 20, 27, 31 | 1 = 100 2 = 75 3 = 50 4 = 25 5 = 0 6 = 0 7 = No score |
| 4, 5, 7, 8, 24, 25, 26, 28 | 1 = 100 2 = 75 3 = 50 4 = 25 5 = 0 6 = 0 7 = No score 8 = No score |
| 11, 12, 29, 30, 32 | 1 = 100 2 = 75 3 = 50 4 = 25 5 = 0 6 = No score |
| 15, 16, 17, 21, 22, 23 | 1 = 100 2 = 75 3 = 50 4 = 25 5 = 0 |
| 6, 9 | 1 = 100 2 = 100 3 = 75 4 = 50 5 = 25 6 = 0 7 = No score 8 = No score |

Table 2. Subscale Items

| Subscale | Item Numbers |
|----------------------|------------------------|
| | |
| Driving | 24, 25, 26, 27, 28 |
| Extreme lighting | 1, 2, 3, 4, 5, 6, 7, 8 |
| Mobility | 9, 10, 11, 12, 13, 14 |
| Emotional distress | 29, 30, 31, 32 |
| General dim lighting | 15, 16, 17, 18, 19, 20 |
| Peripheral vision | 21, 22, 23 |
| | |