

Please answer about **YOUR** eyesight with **GLASSES, CONTACT LENSES** or **MAGNIFIERS**, if you use them.

Think about how **YOUR** eyesight has made you **FEEL** in the **PAST MONTH**.

	Not at all	Very rarely	A little of the time	A fair amount of the time	A lot of the time	All of the time	Domain
25. Have you felt embarrassed because of your eyesight?	0	1	2	3	4	5	Emotional well-being
26. Have you felt frustrated or annoyed because of your eyesight?	0	1	2	3	4	5	Emotional well-being
27. Have you felt lonely or isolated because of your eyesight?	0	1	2	3	4	5	Emotional well-being
28. Have you felt sad or low because of your eyesight?	0	1	2	3	4	5	Emotional well-being
29. In the past month, how often have you worried about your eyesight getting worse?	0	1	2	3	4	5	Emotional well-being
30. In the past month how often has your eyesight made you concerned or worried about coping with everyday life?	0	1	2	3	4	5	Emotional well-being
31. Have you felt like a nuisance or a burden because of your eyesight?	0	1	2	3	4	5	Emotional well-being
32. In the past month, how much has your eyesight interfered with your life in general?	0	1	2	3	4	5	Emotional well-being