

Participant ID: _____

Date: _____

DEVICE USE QUESTIONNAIRE

Participants may have been prescribed more than one device. This set of questions should be asked separately for each device prescribed. Describe the device to the participant to be sure they are answering for the device you are inquiring about.

DEVICE: _____ Follow-up: ___ 1 wk ___ 1 mo ___ 3 mo

1. When is the last time you used your _____?
 - a. Today
 - b. Yesterday
 - c. Within the last week
 - d. Within the last month
 - e. Have not used (**go to question 7**)

2. For what primary task are you using your _____?
 - a. Reading mail/paying bills
 - b. Leisure reading
 - c. Identifying medications
 - d. Identifying foods/activities involved with food preparation
 - e. Spot-reading when out in the community (reading menus, labels, price-tags, etc.)
 - f. Watching television
 - g. Identifying faces
 - h. Playing cards or other hobbies
 - i. Other: _____

3. What other tasks do you use this device for? (mark all that apply)
 - a. Reading mail/paying bills
 - b. Leisure reading
 - c. Identifying medications
 - d. Identifying foods/activities involved with food preparation
 - e. Spot-reading when out in the community (reading menus, labels, price-tags, etc.)
 - f. Watching television
 - g. Identifying faces
 - h. Playing cards or other hobbies
 - i. Other: _____

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4. If you use this device daily, how many hours per day do you use it? **(If used less than daily, go to question #5)**
 - a. Less than 30 minutes
 - b. Between 30 minutes and 1 hour
 - c. More than 1 hour
 - d. More than 2 hours
 - e. More than 3 hours
 - f. More than 4 hours

5. If you do not use this device daily, approximately how many times per week do you use it?
 - a. <1
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. 6

6. Overall, how do you rate the usefulness of your _____?
 - a. Not useful
 - b. Somewhat useful
 - c. Moderately useful
 - d. Extremely useful

7. **(COMPLETE ONLY IF SUBJECT IS NO LONGER USING THIS DEVICE)**
Why are you no longer using your _____?
Mark all that apply.
 - a. Unable to use for intended task
 - b. Too difficult or frustrating to use
 - c. Do not like having to hold material so close
 - d. Do not like having to hold magnifier
 - e. Not enough illumination
 - f. Too much glare
 - g. See too little at a time
 - h. Device is broken or lost
 - i. No need to use
 - j. Vision has changed and it no longer works
 - k. Other: _____

****REPEAT WITH A SEPARATE SURVEY FOR EACH PRESCRIBED DEVICE****