The Functional Reading Independence Index (FRI Index)

Please read the following instructions to the patient.

Instructions to Patient:

We are interested in learning more about how your vision affects your everyday reading. I'm going to ask you about seven (7) activities that involve reading. If you wear eyeglasses or contact lenses, please answer all the questions as if you were wearing them during the activity.

Please take as much time as you need to answer each question. Remember, there are no right or wrong answers. All of your answers are confidential. Do you have any questions before we begin?

Please think about your vision over the past 7 DAYS when answering each question.

1. In the past 7 DAYS, did you read written print such as books, magazines or newspapers? ☐ Yes ☐ No	
If "Yes"	**I'd like to know more about that. I will read you a list of statements – Please answer "Yes" or "No" to each:** a. Did you use extra lighting? ☐ Yes ☐ No b. Did you move the text closer to you? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? *(example, if needed:* using a large print book) ☐ Yes ☐ No e. Did another person help you read written print such as books, magazines or newspapers? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 2.* f. In the past 7 days, <u>how often</u> did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? Please choose one answer. *(Go to Question 2)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? Please choose one answer. *(example, if needed:* no time or opportunity to read written print*)*

2. In the past 7 DAYS, did you read to pay bills or write a check? ☐ Yes ☐ No	
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use extra lighting? ☐ Yes ☐ No b. Did you move the bill or text closer to you? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No *(example, if needed:* using a check-writing template*)* e. Did another person help you read to pay bills or write a check? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 3.* f. In the past 7 days, <u>how often</u> did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to Question 3)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need or opportunity to pay bills*)*

3. In the past 7 DAYS, did you read in order to take your medicine such as reading a prescription, medicine label, or a syringe?	☐ Yes ☐ No
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use extra lighting? ☐ Yes ☐ No b. Did you move the medicine bottle or prescription closer to you? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No e. Did another person help you read in order to take your medicine? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 4.* f. In the past 7 days, how often did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to Question 4)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need to take medicines*)*

4. In the past 7 DAYS, did you read labels such as price tags, food labels, or clothing labels?	☐ Yes ☐ No
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use extra lighting? ☐ Yes ☐ No b. Did you move the price tag or label closer to you? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No e. Did another person help you read labels? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 5.* f. In the past 7 days, <u>how often</u> did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to Question 5)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need or opportunity to read labels*)*

5. In the past 7 DAYS, did you make or receive a telephone call that required you to read the numbers on a telephone, answering machine or caller-ID device? This includes cell phones.	☐ Yes ☐ No
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use extra lighting or less lighting? ☐ Yes ☐ No b. Did you move the telephone closer to you? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No *(example, if needed: using a "talking caller-ID")* e. Did another person help you read to make or receive a telephone call? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 6.* f. In the past 7 days, how often did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to Question 6)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need or opportunity to make phone calls*)*

6. In the past 7 DAYS, did you read words or numbers on your screen while watching television? ☐ Yes ☐ No	
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use less lighting? ☐ Yes ☐ No b. Did you move closer to the television? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No e. Did another person help you read words or numbers on the television screen? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to Question 7.* f. In the past 7 days, <u>how often</u> did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to Question 7)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need or opportunity to watch television*)*

7. In the past 7 DAYS, did you read when using a computer? ☐ Yes ☐ No	
If "Yes"	*If needed:* I will read you a list of statements – Please answer "Yes" or "No" to each: a. Did you use less lighting or change the contrast on the screen? ☐ Yes ☐ No b. Did you move closer to the computer screen or increase the font size? ☐ Yes ☐ No c. Did you use a magnifying glass? ☐ Yes ☐ No d. Did you use any other vision aids, not already mentioned? ☐ Yes ☐ No e. Did another person help you read when using a computer? ☐ Yes ☐ No ↓ *If "Yes" to Item e, ask Item f.* *If "No" to Item e, go to concluding statements.* f. In the past 7 days, <u>how often</u> did someone help you? Was it… ☐ Some of the time, ☐ Most of the time, or ☐ All of the time? *(Go to concluding statements)*
If "No"	g. **Was this because of…** ☐ Your vision, or ☐ For other reasons? *(example, if needed:* no need or opportunity to use a computer*)*

This concludes our interview. Thank you for your time.