

# APPENDIX 1

## Keratoconus Outcomes Research Questionnaire (KORQ)

<b>DEMOGRAPHIC DETAILS - please print or circle appropriate options</b>				
<b>Title (<i>please circle</i>):</b>	Mr / Ms / Mrs / Miss / Dr		Date:	
<b>Surname:</b>				
<b>First &amp; Second Names:</b>				
<b>Address:</b>				
				Postcode:
<b>Telephone Number:</b>	Home:	Work:	Mobile:	
<b>Date of Birth:</b>				Sex: Male / Female
<b>Are you diagnosed with keratocous?</b>	Yes	No		
<b>Age at diagnosis:</b>	yrs / or		Year of diagnosis:	
<b>Eye involved</b>	Right Eye	Left Eye	Both Eyes	
<b>Are you using?</b>	Glasses	Soft contact lens	Rigid contact lens (RGP)	None
<b>Any treatment for keratoconus?</b>	Corneal Crosslinking		Corneal Transplant surgery	None
	others ( <i>Please specify</i> ).....			
<b>Your vision (Visual acuity) with glasses/contact lenses</b>				
<i>(If known only)</i>	Right Eye		Left Eye	
<b>Your current glasses or contact lens prescription</b>				
<i>(If Known only)</i>	Right Eye		Left Eye	
<b>Other eye disease/s:</b>				
<i>(If known only)</i>				

# **Keratoconus Outcomes Research Questionnaire (KORQ)**

## **VISUAL ABILITY**

**Please select the category that indicates how you think your vision affects your ability to do these activities.**

**1. How much does your vision interfere with using a computer screen?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**2. How much does your vision interfere with driving during the day?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**3. How much does your vision interfere with driving during the night?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**4. How much does your vision interfere with reading street signs?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**5. How much does your vision interfere with watching TV?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**6. How much does your vision interfere with walking up/down steps?**

Not applicable

Not at all                      a little                      quite a bit                      a lot

**7.** How much does your vision interfere with avoiding objects in your path?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**8.** How much does your vision interfere with your ability to do your job?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**9.** How much does your vision interfere with seeing in the distance?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**10.** How much do on coming lights interfere with your ability to see, to do your tasks?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**11.** How much does your vision interfere with doing fine tasks at near?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**12.** How much does your vision interfere with doing your hobby?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**13.** How much does your vision interfere with recognizing faces?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**14.** How much does your vision interfere with seeing in poor light?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**15.** How much does your vision interfere with doing household tasks? (e.g. cleaning, ironing, washing, washing up)

Not applicable

Not at all                      a little                      quite a bit                      a lot

**16.** How much does your vision interfere with judging depth?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**17.** How much does your vision interfere with seeing small objects in the distance? (e.g. golf ball, darts)

Not applicable

Not at all                      a little                      quite a bit                      a lot

**18.** How much does your vision interfere with sighting tasks? (e.g. camera, microscope, binoculars etc.)

Not applicable

Not at all

a little

quite a bit

a lot

## **SYMPTOMS**

**1.** How much are you troubled by distorted vision?

Not applicable

Not at all

a little

quite a bit

a lot

**2.** How much are you troubled by glare and wearing sunglasses all the time?

Not applicable

Not at all

a little

quite a bit

a lot

**3.** How much does a bright sunny day interfere with your ability to see, to do your tasks?

Not applicable

Not at all

a little

quite a bit

a lot

**4.** How much are you troubled by wearing rigid gas permeable contact lenses?

Not applicable

Not at all

a little

quite a bit

a lot

**5.** How much are you troubled by headaches when wearing your glasses/contact lenses?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**6.** How much are you troubled by dry eyes?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**With respect to yours eyes and vision:**

**7.** How much are you troubled by windy days?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**With respect to your eyes and vision:**

**8.** How much are you troubled when you are tired?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**With respect to your eyes and vision:**

**9.** How much are you troubled by dry days?

Not applicable

Not at all                      a little                      quite a bit                      a lot

**With respect to your eyes and vision:**

**10.** How much are you troubled by dusty days?

Not applicable

Not at all

a little

quite a bit

a lot

**With respect to your eyes and vision:**

**11.** How much are you troubled by smoky environments?

Not applicable

Not at all

a little

quite a bit

a lot

**Thank you!**