

Supplementary

Supplementary Table 1. An extract of the Hospital Anxiety and Depression Scale.

Question No.	Question	Rating				Anxiety or Depression
1	I feel tense or 'wound up':	Most of the time (3)	A lot of the time (2)	From time to time, occasionally (1)	Not at all (0)	Anxiety
2	I still enjoy the things I used to enjoy:	Definitely as much (0)	Not quite so much (1)	Only a little (2)	Hardly at all (3)	Depression
3	I get a sort of frightened feeling as if something awful is about to happen:	Very definitely and quite badly (3)	Yes, but not too badly (2)	A little, but it doesn't worry me (1)	Not at all (0)	Anxiety
4	I can laugh and see the funny side of things:	As much as I always could (0)	Not quite so much now (1)	Definitely not so much now (2)	Not at all (3)	Depression
5	Worrying thoughts go through my mind:	A great deal of the time (3)	A lot of the time (2)	From time to time, but not too often (1)	Only occasionally (0)	Anxiety
6	I feel cheerful:	Not at all (3)	Not often (2)	Sometimes (1)	Most of the time (0)	Depression
7	I can sit at ease and feel relaxed:	Definitely (0)	Usually (1)	Not Often (2)	Not at all (3)	Anxiety
8	I feel as if I am slowed down:	Nearly all the time (3)	Very often (2)	Sometimes (1)	Not at all (0)	Depression
9	I get a sort of frightened feeling like 'butterflies' in the stomach:	Not at all (0)	Occasionally (1)	Quite Often (2)	Very Often (3)	Anxiety
10	I have lost interest in my appearance:	Definitely (3)	I don't take as much care as I should (2)	I may not take quite as much care (1)	I take just as much care as ever (0)	Depression
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Supplementary Table 2. An extract of the Vision function questionnaire.

Question No.	Question (with glasses if you wear them)	Rating			
		Not at all	A little	Quite a lot	A lot
1	To what extent does your sight limit you in your daily activities?	1	2	3	4
2	How much problem do you have recognizing people across the street?	1	2	3	4
3	How much problem do you have recognizing the face of a person standing near you?	1	2	3	4
4	How much problem do you have recognizing small or minute objects (such as grains or the lines in your hand)?	1	2	3	4
5	When you are walking along, how much problem do you have noticing objects of the side?	1	2	3	4
6	How much problem do you have adjusting to darkness after being in bright light?	1	2	3	4
7	How much problem do you have adjusting to brightness after being in a dark place?	1	2	3	4
8	How much problem do you have locating something when it is surrounded by a lot of other things (like finding a specific food item on your plate)?	1	2	3	4
9	How much problem do you have in recognizing colors?	1	2	3	4
10	When you reach for an object (e.g., to take a glass), how much problem do you have in finding it, because it is further away or closer than you thought?	1	2	3	4
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Supplementary Table 3. An extract of the Quality of life questionnaire.

Activity	Rating			
	Not at all	A little	Quite a bit	A lot
Self-care				
How much problem do you have because of your vision in doing the following activities unaided?				
Bathing	1	2	3	4
Eating	1	2	3	4
Dressing	1	2	3	4
Toileting	1	2	3	4
Mobility				
How much problem do you have because of your vision in doing the following activities unaided?				
Walking to neighbors	1	2	3	4
Walking to shops	1	2	3	4
Doing your usual household chores	1	2	3	4
Social				
Because of your visual problems, do you feel less inclined to participate in the following?				
Attending social functions like weddings, funerals, festivals	1	2	3	4
Meeting with friends and relatives	1	2	3	4
Mental				
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