

## Visual Function Questionnaire



Dr. Parekh wants to get a good sense of the visual difficulties you are having. Please take a moment to fill out this questionnaire and bring it with you to the appointment.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Do you have any difficulty, even with glasses, **reading small print** such as newspapers, labels on medicine bottles, a telephone book or food labels?

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

2. Do you have any difficulty, even with glasses, **reading larger print**, like numbers on a telephone?

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

3. Do you have any difficulty, even with glasses, **seeing steps, stairs or curbs in dim light**?

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

4. Do you have any difficulty, even with glasses, reading **traffic signs, street signs or store signs**?

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

5. Do you have any difficulty, even with glasses, doing **fine handwork like sewing, knitting, using hand tools or carpentry**?

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

6. Do you have any difficulty, even with glasses, **writing checks or filling out forms?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

7. Do you have any difficulty, even with glasses, **playing games such as bingo, dominos, or card games?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

8. Do you have any difficulty, even with glasses, **watching television?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

9. Do you have any difficulty, even with glasses, **cooking?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

10. Do you have any difficulty, even with glasses, **driving the day?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity

11. Do you have any difficulty, even with glasses, **driving at night?**

- Yes       No       Not applicable

If YES, how much difficulty do you currently have?

- A little     A moderate amount     A great deal     I'm unable to do the activity