

Low Vision Patient Questionnaire

Please complete this questionnaire prior to your appointment.

Name: _____

Age: _____ Marital Status: _____

Type of Housing: _____ Current Occupation: _____

Are you a Veteran? Yes No

Do you still drive? Yes No

Do you wear sunglasses? Yes No

What is the main cause of your visual impairment?

Please check any health conditions that are applicable:

Stroke _____ Respiratory _____ Diabetes _____ Hard of Hearing _____

Other (please specify) _____

Does your vision impairment cause you difficulty with any of the following:

_____ Driving a motorized vehicle

_____ Colliding with objects in your home

_____ Stepping off curbs and into the street

_____ Crossing streets alone

_____ Walking around your neighborhood

_____ Continuing with current educational goals

_____ Continuing with current occupation

_____ Leisure Activities (please specify) _____

Does your vision problem cause you difficulty with:

_____ Recognizing Faces

_____ Seeing Television

_____ Identifying Money

_____ Seeing at Night

_____ Glare/Lighting

_____ Telling Time

_____ Shopping

_____ Reading

_____ Writing

_____ Cooking

_____ Grooming

_____ Eating

_____ Telephone Use

_____ Balancing a Checkbook

**please turn over to complete side two*

What low vision aids or services do you use:

- | | |
|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Magnifiers | <input type="checkbox"/> Talking Books |
| <input type="checkbox"/> Special Glasses | <input type="checkbox"/> Radio Reading Service |
| <input type="checkbox"/> Large Print Materials | <input type="checkbox"/> Video Magnifier (CCTV) |
| <input type="checkbox"/> Other (please specify) _____ | |

What is most frustrating to you since your vision has decreased: _____

What types of things have you done in the past but are having difficulty with or are no longer able to do because of your vision loss? _____

Please bring any visual aids you are using to your appointment.