

Visual Function Questionnaire

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

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

2. Do you have any difficulty, even with glasses, reading a newspaper or book?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

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

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you 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?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

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

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you 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?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

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

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you 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?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

Signature

Date

Printed Name