

PATIENT NAME: _____ Date: _____

Please mark one checkbox to answer each question (only one answer per row):

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

Do you have any difficulty, even with glasses, reading a large-print book or large-print newspaper or numbers on a telephone?

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

Do you have any difficulty, even with glasses, recognizing people when they are close to you?

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

OMNI EYE SERVICES
VISUAL FUNCTION ASSESSMENT

Do you have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, golf?

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

Do you have any difficulty, even with glasses, cooking?

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

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

- not applicable no difficulty a little difficulty moderate difficulty a great deal of difficulty unable to do this activity

Do you currently drive a car?

- Yes No

If yes, please answer these questions:

How much difficulty do you have driving during the day because of your vision?

- none a little a moderate amount a great deal

How much difficulty do you have driving at night because of your vision?

- none a little a moderate amount a great deal

If no, please answer these questions:

When did you stop driving?

- less than 6 months ago 6 to 12 months ago more than 12 months ago

Why did you stop driving?

- vision other illness other