



Assessment of Visual Function/Evaluación de función visual

Please indicate how much difficulty you have seeing things-with your glasses or contacts/Por favor indique cuanta dificultad tiene para ver cosas- con sus lentes/espeuelos o lentes de contacto.

Table with 5 columns: NA (No aplica), None (Ninguna), Mild (Leve), Mod. (Moderada), Much (Mucha). Rows include activities like Reading, Writing checks, Doing fine handwork, Cooking, Playing table games, Recognizing people, Seeing TV, Seeing obstacles, Taking part in sports, Driving, and Difficulty with other activities.

Please list activities/Por favor enumere las actividades: _____

By/Hecho por: _____