

THE FUNCTIONAL VISION SCREENING QUESTIONNAIRE

People who use glasses or contact lenses would answer the questions in terms of how they see when wearing their glasses or contact lenses. This does not include the use of low vision devices or magnifiers. Read the questions aloud if literacy is a concern.

1. Do you ever feel that problems with your vision make it difficult for you to do the things you would like to do?

		1. Yes	0. No	
2.	Can you see the large Print Headlines in the newspaper?			
		0. Yes	1. No	
3.	Can you see the regular print in newspapers, magazines or	books?		
		0. Yes	1. No	
4.	n you see the numbers and names in a telephone directory?			
		0. Yes	1. No	
5.	Are you able to drive?			
		0. Yes	1. No	
6.	/hen you are walking in the street, can you see the "walk" sign and street ame signs?			
		0. Yes	1. No	
7.	When crossing the street, do cars seem to appear very sude	crossing the street, do cars seem to appear very suddenly?		
		1. Yes	0. No	
8.	oes trouble with your vision make it difficult for you to watch TV, Play cards, nd do sewing or any similar type of activity?			
		1. Yes	0. No	

The Aging Eyes Initiative is a project of State Services for the Blind (SSB) in partnership with local agencies



9. Does trouble with your vision make it difficult for you to s medicine bottles?	ee labels on			
	1. Yes	0. No		
10. Have you changed your eating habits due to difficulty with food prep?				
	1. Yes	0.No		
11. Does trouble with your vision make it difficult for you to read prices when you shop?				
	1. Yes	0. No		
12. Does trouble with your vision make it difficult for you to read your own mail?				
	1. Yes	0. No		
13. Does trouble with your vision make it difficult for you to read your own handwriting?				
	1. Yes	0. No		
14. Can you read your watch?				
	0. Yes	1. No		
15. Are you using any kind of magnification device?				
	1. Yes	0. No		
a. If so, does it work well?				
	0. Yes	1. No		
6. Are you able to operate your appliances, thermostat, glucometer or any other device?				
	0. Yes	1. No		
17. Are you unable to recognize the faces of family or friends when they are across an average size room?				
	1. Yes	0. No		
18. Do you have any particular difficulty seeing in dim light?				
	1. Yes	0. No		

19. Do you tend to sit very close to the television?

1. Yes 0. No

20. Has a doctor ever told you that nothing more can be done for your vision?

1. Yes	0.	No
--------	----	----

21. What has your doctor told you about your vision?

Total Score:_____

Scores are indicated next to the answer for each item. A total score of nine (9) or more indicates the need for a vision examination conducted by an optometrist or ophthalmologist.