

Apple Hill Eye Center Visual Functioning Questionnaire

Patient Name _____

Patient Account Number _____
Eye R _____ L _____

Do you have difficulty, even with glasses doing the following activities?

		If YES, check how much
1. Reading small print such as labels on medicine bottles, a telephone book, or food labels?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
2. Reading a newspaper or book?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
3. Seeing steps, stairs, or curbs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
4. Reading traffic signs, street signs, or store signs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
5. Doing fine handwork like sewing, knitting, crocheting, or carpentry?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
6. Writing checks or filling out forms?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
7. Playing games such as bingo, dominos, cards games, or mahjong?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity
8. Watching television?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> A little <input type="checkbox"/> A moderate amount <input type="checkbox"/> A great deal <input type="checkbox"/> Unable to do activity

Patient Signature _____

Date _____

Doctor Signature _____

Date _____

