

Visual Function Questionnaire

VISUAL FUNCTIONING - Does your sight make it a problem for you to:

	Always	Sometimes	Never	Don't Know		Always	Sometimes	Never	Don't Know
Read newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read medicine bottle labels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See cracks in the sidewalk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read a telephone book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See out of your other eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See traffic lights or street signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Watch TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sew or crochet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Work at your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read labels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Manage your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read price tags	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enjoy recreation and leisure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

SYMPTOMS - Have you been bothered by:

	Always	Sometimes	Never	Don't Know		Always	Sometimes	Never	Don't Know
Poor night vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor vision in inadequate or dim light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing rings or halos around lights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty with color vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty with depth perception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazy vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headlights from automobiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurry vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

DRIVING AND ACCIDENTS

Do you drive? YES NO

Do problems with your sight cause you to be fearful when you drive?

Are you currently able to drive?

	Always	Sometimes	Never	Don't Know		Always	Sometimes	Never	Don't Know
During daylight hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	During daylight hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During evening/night hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	During evening/night hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					During the past 6 months, have you made any driving errors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Signature _____ Date _____

Doctor's Assessment:

- Surgery not indicated.
- Surgery indicated based upon patient's compliants and established objective criteria.

Physician's Signature _____ Date _____