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FUNCTIONAL VISION SCREENING QUESTIONNAIRE

To best serve you and your vision care needs, please complete the following visual questionnaire. By completing this document, our team of vision care experts will be able to better understand and accommodate your desired lifestyle and vision goals.

Patient Name: _____ Male Female

Date of Birth: ____/____/____ Age: _____ Telephone: _____

Email: _____

Occupation: _____ Hobbies: _____

_____/_____/_____
Patient Signature Date

The screening below is to identify older people with a vision problem. People who use glasses or contact lenses should 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. There are 15 questions, all of which can be answered by a simple “yes” or “no”.

Scoring: A score of “1” is given for each item where a vision problem is reported and “0” if it is not. Scores are indicated next to the answer for each item. Simply add up the scores. Total scores range from 0 to 15.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your vision problems make it difficult for you to do the things you would like doing? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 2. Can you see the large print headlines in the newspaper? | 0. Yes <input type="radio"/> | 1. No <input type="radio"/> |
| 3. Can you see the regular print in newspapers, magazines or books? | 0. Yes <input type="radio"/> | 1. No <input type="radio"/> |
| 4. Can you see the numbers and names in a telephone directory? | 0. Yes <input type="radio"/> | 1. No <input type="radio"/> |
| 5. When you are walking in the street, can you see the “walk” sign and street name signs? | 0. Yes <input type="radio"/> | 1. No <input type="radio"/> |
| 6. When crossing the street, do cars seem to appear very suddenly? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 7. Does trouble with your vision make it difficult for you to watch tv and other activities? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 8. Does trouble with your vision make it difficult for you to see labels on medicine bottles? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 9. Does trouble with your vision make it difficult for you to read prices when you shop? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 10. Does trouble with your vision make it difficult for you to read your own mail? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 11. Does trouble with your vision make it difficult for you to read your own handwriting? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 12. Can you recognize the faces of family or friends when they are across a room? | 0. Yes <input type="radio"/> | 1. No <input type="radio"/> |
| 13. Do you have any particular difficulty seeing in dim light? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 14. Do you tend to sit very close to the television? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |
| 15. Has a doctor ever told you that nothing more can be done for your vision? | 1. Yes <input type="radio"/> | 0. No <input type="radio"/> |

TOTAL _____

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 a low vision optometrist or ophthalmologist.

Do you drive after dark? (circle)

- Often Sometimes Rarely

Do you use a computer? (circle)

- Often Sometimes Rarely

Do you do a lot of close detail work, like sewing or building models? (circle)

- Often Sometimes Rarely

If you had to wear glasses after surgery for one activity, for which activity would you be most willing to wear glasses? (circle)

- Reading Computer Driving Never/Rarely as Possible