

EyeCare Consultants
VISUAL DISABILITY INVENTORY

NAME (Please Print): _____ DATE: _____ CHART ID: _____

PLEASE REVIEW THE FOLLOWING QUESTIONS AND CIRCLE ALL THAT APPLY

1. MY VISION DECREASES MY QUALITY OF LIFE THEREFORE I NEED IMPROVED EYESIGHT. Y N

2. READING IMPAIRMENT:

A Are you able to read the newspaper? Y N	E Do you frequently need a magnifier? Y N
B Are you able to read the mail? Y N	F Are you having difficulty seeing to write checks or pay bills? Y N
C Are you able to read the Bible? Y N	G Do you need plenty of light to read? Y N
D Are you able to read medicine bottles? Y N	

3. HOUSEHOLD ACTIVITIES:

A While cooking are you able to see the stove, knobs, labels and/or recipes? Y N	H Do you have difficulty cleaning house? Y N
B Are you having difficulty climbing stairs and/or holding on to the banister? Y N	I Do you have difficulty performing yard work? Y N
C Are you having difficulty walking and/or unable to see uneven pavement? Y N	J Do you have difficulty caring for your family? Y N
D Do you have frequent falls? Y N	K Do you have difficulty getting to the doctor? Y N
E Do you have difficulty shaving? Y N	L Do you have difficulty shopping? Y N
F Do you have difficulty bathing? Y N	M Do you live alone? Y N
G Do you have difficulty washing dishes? Y N	

4. DRIVING:

A Daytime: Are you bothered by the sun's glare? Y N	D Do you have difficulty with depth perception? Y N
B Nighttime: Are you bothered by headlights from oncoming cars? Y N	E Do you have difficulty seeing the driveway? Y N
C Dusk: Is it difficult to discern details? Y N	

5. RECOGNITION:

Are you able to recognize people? Y N

6. HOBBIES:

A Do you sew? Y N	E Are you active in sports? Y N
B Do you collect stamps? Y N	F Do you do your own lawn care? Y N
C Do you garden? Y N	G Do you watch a lot of TV? Y N
D Do you collect coins? Y N	
F Do you participate in any other hobbies or recreation? _____	

7. EMPLOYMENT:

A Are you able to perform your job? Y N	
B Are you at risk for injury at your job? Y N	
C Can you drive to work? Y N	
D If YES to any of the above, please describe your occupation: _____	

8. DOUBLE VISION:

Do you ever see double? Y N

9. DIFFERENT IMAGE SIZES:

Do items look the same size to you regardless of which eye your looking out of? Y N

SIGNATURE: _____