

**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? <span style="float: right;">Y N</span>    | E. Do you frequently need a magnifier? <span style="float: right;">Y N</span>                            |
| B. Are you able to read the mail? <span style="float: right;">Y N</span>         | F. Are you having difficulty seeing to write checks or pay bills? <span style="float: right;">Y N</span> |
| C. Are you able to read the Bible? <span style="float: right;">Y N</span>        | G. Do you need plenty of light to read? <span style="float: right;">Y N</span>                           |
| D. Are you able to read medicine bottles? <span style="float: right;">Y N</span> |  |

3. HOUSEHOLD ACTIVITIES:

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

4. DRIVING:

- |   |   |
|---|---|
| A. Daytime: Are you bothered by the sun's glare? <span style="float: right;">Y N</span>                 | D. Do you have difficulty with depth perception? <span style="float: right;">Y N</span> |
| B. Nighttime: Are you bothered by headlights from oncoming cars? <span style="float: right;">Y N</span> | E. Do you have difficulty seeing the driveway? <span style="float: right;">Y N</span>   |
| C. Dusk: Is it difficult to discern details? <span style="float: right;">Y N</span>                     |   |

5. RECOGNITION:

Are you able to recognize people? Y N

6. HOBBIES:

- |  |   |
|--|---|
| A. Do you sew? <span style="float: right;">Y N</span>            | E. Are you active in sports? <span style="float: right;">Y N</span>     |
| B. Do you collect stamps? <span style="float: right;">Y N</span> | F. Do you do your own lawn care? <span style="float: right;">Y N</span> |
| C. Do you garden? <span style="float: right;">Y N</span>         | G. Do you watch a lot of TV? <span style="float: right;">Y N</span>     |
| D. Do you collect coins? <span style="float: right;">Y N</span>  |   |
| F. Do you participate in any other hobbies or recreation?        |   |

7. EMPLOYMENT:

- |   |  |
|---|--|
| A. Are you able to perform your job? <span style="float: right;">Y N</span>       |  |
| B. Are you at risk for injury at your job? <span style="float: right;">Y N</span> |  |
| C. Can you drive to work? <span style="float: right;">Y N</span>                  |  |
| 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 you're looking out of? Y N

SIGNATURE: \_\_\_\_\_