

## Low Vision Assessment Extended History Form

### DO YOU HAVE DIFFICULTY WITH THE FOLLOWING TASKS?

1. Traveling locally alone?	N/A	YES	NO
2. Traveling far alone?	N/A	YES	NO
3. Crossing streets?	N/A	YES	NO
4. Do you Drive		YES	NO
5. Seeing traffic lights?	N/A	YES	NO
6. Seeing street signs?	N/A	YES	NO
7. Seeing to drive a car?	N/A	YES	NO

1. Getting around people/objects?	N/A	YES	NO
2. Seeing curbs and steps?	N/A	YES	NO
3. Walking without tripping?	N/A	YES	NO
4. Falls in last 6 months:			
5. Seeing faces?	N/A	YES	NO
6. Seeing TV?	N/A	YES	NO
7. Seeing at the theater	N/A	YES	NO

1. Doing your housework?	N/A	YES	NO
2. Seeing to cook?	N/A	YES	NO
3. Seeing the stove dials?	N/A	YES	NO
4. Seeing flame on your stove?	N/A	YES	NO
5. Seeing the food on your plate?	N/A	YES	NO
6. Seeing/using the phone?	N/A	YES	NO
7. Seeing to groom yourself?	N/A	YES	NO

1. Reading headlines?	N/A	YES	NO
2. Reading Regular print books?	N/A	YES	NO
3. Reading newsprint/small print?	N/A	YES	NO
4. Seeing prices or labels?	N/A	YES	NO
5. Reading your mail or bills?	N/A	YES	NO
6. Reading hand written material?	N/A	YES	NO
7. Writing/signing your name?	N/A	YES	NO
8. Seeing colors?	N/A	YES	NO
9. Seeing to sew/knit/crochet?	N/A	YES	NO
10. Seeing to play cards?	N/A	YES	NO
11. Seeing your meds/labels?	N/A	YES	NO

1. Tolerating the sun?	N/A	YES	NO
2. Glare problems INDOORS?	N/A	YES	NO
3. Glare from computer?	N/A	YES	NO
4. On cloudy/rainy days?	N/A	YES	NO
5. Going from bright to dim light?	N/A	YES	NO
6. Seeing in dim light?	N/A	YES	NO
7. Do you wear sunglasses?	N/A	YES	NO
8. Are sunglasses effective?	N/A	YES	NO
9. Does bright light help you?	N/A	YES	NO
Location of light:			
10. Bright lights bothersome?			

Referring Doctor NONE \_\_\_\_\_

Living Arrangements: alone spouse children retirement home nursing home aide other \_\_\_\_\_

Employment Status: retired employed part-time employed full-time unemployment seeking employment

Do Current Glasses Help? YES NO How Old is current Rx? \_\_\_\_\_

Previous Rehabilitation \_\_\_\_\_

Current Devices	Help?	Size?	Achieve goals with device?