

Visual Function Scale

How much difficulty do you have, because of your eyesight, with the following: (Remember, if you wear glasses or contact lenses, please answer all of the following questions as though you were wearing them.)

Driving At Night	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Reading traffic, street or store signs	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Reading a newspaper or book	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Seeing steps, stairs or curbs	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Reading small print, such as labels on food, medicine bottles or phone book	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Doing fine handiwork such as sewing, knitting, crocheting, or carpentry	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Filling Out Forms	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Taking part in sports like tennis or golf	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Cooking	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Watching Television	
<input type="checkbox"/>	Not a Problem <input type="checkbox"/> N/A
<input type="checkbox"/>	A Small Amount
<input type="checkbox"/>	A Moderate Amount
<input type="checkbox"/>	An Extreme Amount
<input type="checkbox"/>	Unable to do activity at all because of vision

Patient's name

Today's Date

Patient's Signature

Reviewer's signature