



Low Vision Questionnaire

Please complete this questionnaire and bring it along to your appointment. Ensure that you bring all your spectacles and any magnifiers that you have used, even if they no longer seem any help to you. Please bring along a sample of the sort of things you would like to be able to see eg. newspaper, magazines, labels.

Name: «Forenames» «Surname»

Address: «Address1»

«Locality»

«Town»

«County»

«PostCode»

Telephone: Home: «HomeTel»

Work: «WorkTel»

Mobile: «MobTel»

Carer:

Date of Birth: «DateOfBirth»

GP Name:

GP Surgery:

Consultant Ophthalmologist:

When was your most recent eye examination?

(i) By an Ophthalmologist:

(ii) By an Optometrist / Optician:.....

Are you registered Severly Sight Impaired? Yes No
or Sight Impaired? Yes No

Have you seen a Social Worker? Yes No
If yes, who?

Have you seen Jenni Moorhouse? Yes No

Do you have additional impairments, eg. hearing problems,
physical difficulties? Yes No
If yes, what are they?

Which of the following cause problems for you? (tick as appropriate)

Reading?

If yes, do you find the following problematic?

- Newsprint Yes No
- Typed correspondence Yes No
- Large print Yes No

Writing?

Watching television?

Recognising faces?

Housework?

If yes, do you find the following problematic?

- Using the washing machine Yes No
- Cleaning Yes No
- Cooking Yes No

Using a telephone?

Using a mobile phone?

Using a tablet, laptop or computer?

If relevant, schoolwork?

If yes, do you find the following problematic?

- Boardwork Yes No
- Close work Yes No

If relevant, employment?

If yes, do you find the following problematic?

- Computer work Yes No
- Desk work Yes No

Hobbies and recreation?

If yes, do you find the following problematic?

- Knitting Yes No
- Sewing Yes No
- DIY Yes No
- Gardening Yes No
- Sport Yes No

Personal care & hygiene?

If yes, do you find the following problematic?

- Eating Yes No
- Dressing Yes No
- Washing Yes No
- Applying make-up Yes No
- Shaving Yes No

Day-to-day activities?

If yes, do you find the following problematic?

- Using a fire Yes No
- Counting money Yes No
- Seeing product details and prices in shops Yes No
- Finding the entrance to a building Yes No

Mobility?

If yes, do you find the following problematic?

- Finding your way in unfamiliar places Yes No
- Going up steps Yes No
- Going down steps Yes No
- Using an elevator Yes No
- Using an escalator Yes No
- Crossing roads Yes No

Do you have problems with lighting?

If yes, do you find the following problematic?

- Going from light to dark or dark to light Yes No
- Glare when outdoors Yes No
- Glare whe indoors Yes No
- Do you shade your eyes? Yes No
- Do you wear a hat? Yes No
- Do you wear sunglasses? Yes No
- Do you reading in good light better or worse?

Other problems? (Please specify)

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Magnifiers

Have you used a magnifier?

Yes No

If yes, did the magnifier help?

Yes No

If not, why not?

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