

NORTH IDAHO EYE INSTITUTE VISUAL IMPAIRMENT QUESTIONNAIRE

Which eye?	Right	Left	Both
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Do you have difficulty, even with glasses or contacts, with the following activities? **CIRCLE ANSWERS**

1 Reading small print such as labels on medicine bottles, telephone book or food labels?	
YES NO N/A	
2 Reading a newspaper or book?	
YES NO N/A	
3 Seeing steps, stairs or curbs?	
YES NO N/A	
4 Reading traffic, street or store signs?	
YES NO N/A	
5 Doing fine handwork like sewing, knitting, crocheting or carpentry?	
YES NO N/A	
6 Writing checks or filling out forms?	
YES NO N/A	
7 Playing games such as bingo, dominos, card games or mahjong?	
YES NO N/A	
8 Watching television?	
YES NO N/A	

Do you have any of the following **VISUAL SYMPTOMS?**

CIRCLE ANSWERS

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|------------------------------------------------------------------|-----------|
| 1 Double or distorted vision? | YES NO |
| 2 Glare, halos, rings around lights? | YES NO |
| 3 Difficulty with color perception? | YES NO |
| 4 Worsening of vision – blurred vision? | YES NO |
| 5 Are you bothered by the difference between right and left eye? | YES NO |