

Patient Name: \_\_\_\_\_

1. Do you have any difficulty, even with glasses, with glare from headlights or other lights at night?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
2. Do you have any difficulty, even with glasses, reading small print such as labels on medicine bottles, a telephone book or food labels?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
3. Do you have difficulty, even with glasses, reading computers, mobile phones or other screens on devices?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
4. Do you have any difficulty, even with glasses, reading a newspaper or book?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
5. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
6. Do you have any difficulty, even with glasses, reading traffic signs, street signs, or store signs?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
7. Do you have any difficulty, even with glasses, reading box scores and other print on a television?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
8. Do you have any difficulty, even with glasses, writing checks or filling out forms?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
9. Do you have any difficulty, even with glasses, playing games such as bingo, dominoes, card games or mahjong?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
  
10. Do you have any difficulty, even with glasses, doing fine handiwork like sewing, knitting, crocheting or carpentry?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_