## Visual Disability Inventory

Date:_____ Chart: _____

Patient Name:_____

| Impairments | Yes | No | A Little | A Moderate Amount | A Great Deal | Unable to do the activity |
|---|---|---|---|---|---|---|
| **Reading Impairment: Do you have difficulty, even with glasses, doing the following activities:** | | | | | | |
| Reading small print such as medicine bottles, phone book, food labels | | | | | | |
| Reading a newspaper, book, Bible | | | | | | |
| Frequently need a magnifier | | | | | | |
| Writing checks, filling out forms, paying bills | | | | | | |
| Need plenty of light to read | | | | | | |
| **Household activities** | | | | | | |
| Cooking, not able to see stove knobs, labels or recipes | | | | | | |
| Difficulty climbing stairs, holding banister, seeing stairs, steps, or curbs | | | | | | |
| Do you live alone | | | | | | |
| **Driving or Outdoor Activities** | | | | | | |
| Daytime: bothered by the sun's glare | | | | | | |
| Nighttime: bothered by head-lights from oncoming cars | | | | | | |
| Dusk: difficult to discern details | | | | | | |
| Difficulty with depth perception | | | | | | |
| Difficulty seeing driveway | | | | | | |
| Reading traffic signs, street signs, or store signs | | | | | | |
| **Recognition** | | | | | | |
| Unable to recognize people | | | | | | |
| **Hobbies** | | | | | | |
| Doing fine handwork like sewing, knitting, crocheting, or carpentry | | | | | | |
| Playing games such as bingo, dominos, card games, or mahjong | | | | | | |
| Recreation Activity | | | | | | |
| Watching TV | | | | | | |
| **Employment** | | | | | | |
| Unable to perform | | | | | | |
| Injury Risk | | | | | | |
| Cannot Drive to Work | | | | | | |
| **Miscellaneous** | | | | | | |
| Double Vision | | | | | | |
| Different Image Sizes | | | | | | |
| MY VISION DECREASES MY QUALITY OF LIFE, THEREFORE, I NEED EYESIGHT IMPROVEMENT | | | | | | |