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	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Reading traffic, street or store signs	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Reading a newspaper or book	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Seeing steps, stairs or curbs	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

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

Doing fine handiwork such as sewing, knitting, crocheting, or carpentry	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Filling Out Forms	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Taking part in sports like tennis or golf	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Cooking	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Watching Television	
☐	Not a Problem ☐ N/A
☐	A Small Amount
☐	A Moderate Amount
☐	An Extreme Amount
☐	Unable to do activity at all because of vision

Patient's name

Today's Date

Patient's Signature

Reviewer's signature

Last Update 4/27/11