



Redmond Town Center 7330 164th Ave NE Suite E150 Redmond, WA 98052
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Adult Functional Vision Questionnaire

LEE _ / _ / _

Patient's Name _____ Date _____

Please answer the following questions: **Yes No Sometimes.**

1. I have trouble driving when there are headlights from oncoming cars in my field of view.
Yes No Sometimes
2. I have difficulty distinguishing between colors.
Yes No Sometimes
3. I have trouble reading a sign or recognizing a picture when it's moving, such as an ad on a passing bus or truck.
Yes No Sometimes
4. When pouring liquid, I have trouble judging the level of the liquid in a container, such as the level of coffee in a cup.
Yes No Sometimes
5. I have trouble reading the menu in a dimly lit restaurant.
Yes No Sometimes
6. It takes me a long time to adjust to darkness after being in bright light.
Yes No Sometimes
7. I have difficulty reading small print under poor lighting.
Yes No Sometimes
8. It takes me a long time to adjust to bright sunshine after I have been inside a building for a lengthy period of time.
Yes No Sometimes
9. I have trouble adjusting from bright to dim lighting, such as when going from daylight into a dark movie theater.
Yes No Sometimes



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10. I have problems judging how close or far things are from me.
Yes No Sometimes
11. I have difficulty noticing when the car in front of me is speeding up or slowing down.
Yes No Sometimes
12. Sometimes when I reach for an object, I find that it is further away (or closer) than I thought.
Yes No Sometimes
13. I have problems adjusting to bright room lighting, after the room lighting has been rather dim. I have trouble noticing things in my peripheral vision. I have trouble finding a specific item on a crowded supermarket shelf.
Yes No Sometimes
14. I have trouble seeing moving objects coming from the side until they are right in front of me.
Yes No Sometimes
15. When I'm driving, other cars surprise me from the side, because I don't notice them until the last moment.
Yes No Sometimes
16. When driving at night, objects from the side unexpectedly appear or pop up in my field of view.
Yes No Sometimes
17. The color names that I use disagree with those that other people use.
Yes No Sometimes
18. I have difficulty distinguishing between colors.
Yes No Sometimes
19. Can you recognize the faces of family or friends when they are across an average size room?
Yes No Sometimes
20. I have problems with lights around me causing glare when I'm trying to see something.
Yes No Sometimes

- 21. I have problems with lights around me causing glare when I'm trying to see something.
Yes No Sometimes
- 22. When I'm walking along, I have trouble noticing objects off to the side.
Yes No Sometimes
- 23. I find it difficult changing lanes in traffic because I have trouble seeing cars in the next lane.
Yes No Sometimes
- 24. Do you ever feel that problems with your vision make it difficult for you to do the things you would like to do?
Yes No Sometimes
- 25. I have difficulty doing any type of work which requires me to see well up close.
Yes No Sometimes

Comments:
