SWEDBERG EYE CARE Visual Function Questionnaire – Glaucoma/OHTN

Name: ________________________________ Date: ____/____/____

Please rate the amount of difficulty you have completing the following tasks with glasses or contacts:

No Difficulty - 0 Little Difficulty - 1 Moderate Difficulty - 2 Great Deal of Difficulty - 3 Unable to perform - 4

Task	0	1	2	3	4
Making out the faces of people around you					
Seeing someone waving to you from across the road					
Walking without bumping into objects					
Reading bus numbers or street signs					
Reading details on the tv ticker					
Reading a book at arm's length					
Writing along a straight line					
Climbing up or down stairs					
Lacing your shoes					
Applying paste to your toothbrush					
Locating food on your plate while eating					
Identifying colors					

Please tell us which ophthalmic medications you are taking by checking all appropriate boxes:

Brand Name	Generic Equivalent	Eye	Cap Color	Dosing (Drops per Day)
Alphagan	Brimonidine	[] R [] L [] BOTH	Purple	[] 2 [] 3 [] Other
Azopt	Brinzolamide	[] R [] L [] BOTH	Orange	[] 2 [] 3 [] Other
Combigan	Brimonidine + Timolol	[] R [] L [] BOTH	Dark Blue	[] 2 [] 3 [] Other
Cosopt	Timolol + Dorzolamide	[] R [] L [] BOTH	Dark Blue	[] 1 [] 2 [] Other
Erythromycin	Erythromycin ointment	[] R [] L [] BOTH	Tube	[] 1 [] 4 [] Bedtime
Lumigan	Bimatoprost	[] R [] L [] BOTH	Teal	[] Morning [] Bedtime
Prednisolone	Prednisolone	[] R [] L [] BOTH	Pink or Teal	[] 1 [] 2 [] 3 [] 4 [] Other
Simbrinza	Brinzolamide + Brimonidine	[] R [] L [] BOTH	Orange	[] 1 [] 2 [] 3 [] Other
Timoptic	Timolol	[] R [] L [] BOTH	Orange	[] Morning [] Bedtime [] 2 [] Other
Trusopt	Dorzolamide	[] R [] L [] BOTH	Orange	[] 1 [] 2 [] Other
Travatan	Travoprost	[] R [] L [] BOTH	Teal	[] Morning [] Bedtime
Xalatan	Latanoprost	[] R [] L [] BOTH	Teal	[] Morning [] Bedtime

Please check all the applicable symptoms you may be experiencing in relation to your medication:

	Bitter taste		Eyelash Growth		Redness
	Blurred Vision		Itching		Shortness of breath or trouble breathing
	Burning		Light sensitivity		Watering
	Changes in skin color		New fatigue or confusion		Other (please specify):