

## SWEDBERG EYE CARE Visual Function Questionnaire - Retina

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Scenario	No Difficulty	Little Difficulty	Moderate Difficulty	Great Deal	Unable to perform
Making out the faces of people around you					
Seeing someone waving to you from across the road					
Walking without bumping into objects					
Walking home at night without assistance					
Reading bus numbers or street signs					
Reading details on the tv ticker					
Reading a book at arm's length					
Writing along a straight line					
Locating a dropped object					
Threading a needle					
Distinguishing the difference between objects held in your hand					
Climbing up or down stairs					
Lacing your shoes					
Applying paste to your toothbrush					
Locating food on your plate while eating					
Identifying colors					

**How to use:**

- Wear the eyeglasses you normally wear when reading.
- Position the chart 14 inches away from your face.
- Cover one eye at a time with your hand.
- Stare at the dot in the center.
- Do not let your eye drift from the center dot.

**Draw What You See:**

- If straight lines appear wavy or bent
- If any of the boxes differ in size or shape from the others
- If there are missing areas within the grid of lines.

