

Pre-questionnaire for Low Vision Patient

Name: _____ Appt Time: _____

An appointment has been arranged for you in the “**Calgary Low Vision Clinic**” to improve your vision using optical/digital low-vision aids (LVDs).

If you have a special visual task (such as a particular type of print) which causes difficulty, then please **bring an example** to the clinic.

Please check on the list below which you would like to see better.

Reading: Small size print _____ Normal size print: _____ Large size print : _____
Newspaper: _____ Magazines: _____ Letters: _____
Drug bottles: _____ Bills: _____ Bank statements: _____

Writing: Form filling: _____ Writing letters: _____
Crosswords: _____ Bingo: _____

Shopping: Prices: _____ Labels: _____ Shelves: _____

Hobbies: Sewing: _____ Watching TV: _____ Other hobbies: _____

Distance: Bus numbers: _____ Time tables: _____ Faces: _____

Sunlight bothers your eyes? Yes: _____ No: _____

Do you wear eyeglasses? Yes: _____ No: _____

Are you using any magnifying vision aids? Yes: _____ No: _____

Anything else want to mention? _____

If you have ANY glasses or magnifiers at the moment (EVEN IF YOU DO NOT USE THEM NOW) it is **very important** that you **bring them with you**.

Please bring this questionnaire with examples and current magnifiers.