

Lighthouse International Functional Vision Screening Questionnaire

Purpose: The Functional Vision Screening Questionnaire (FV) is a screening tool to identify functional indicators of vision problems in older adults. The questionnaire is not a clinical or diagnostic assessment and should not be used to replace one. It identifies older people who may be experiencing a vision problem and who would benefit from seeing an optometrist or ophthalmologist (*and /or low vision rehabilitation*).

Administration: The questionnaire may be filled out by the older adult independently or administered by an interviewer. The questionnaire should be read to the subject if there are concerns about reading ability or literacy.

Be sure to tell the older adult that all questions should be answered in terms of their best vision; that is, how they see when they are wearing their glasses or contact lenses, if they typically use glasses or contact lenses. This does not include the use of any special low vision devices such as magnifiers or telescopes.

There are 15 questions, all of which can be answered by a simple "yes" or "no". If the subject answers with some qualifier, e.g. "sometimes", "in bad light", this should be noted on the questionnaire and scored as a problem.

Scoring: A score of "1" is given for each item where a vision problem is reported and "0" if it is not. Scores are indicated next to the answer for each item. Simply add up the scores. Total scores range from 0 to 15.

Interpreting the Results: Based on previous analyses, a score of nine (9) is the base score for identifying an older adult with a potential vision problem. People who score 9 or above on the questionnaire should be encouraged to seek a vision evaluation from an optometrist or ophthalmologist. (*Even one identified problem can be enough to make a referral to an Association for the Blind local affiliate*).

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The Functional Vision Screening Questionnaire is available in other languages. Any inquiries should be sent to: Amy Horowitz, DSW, Senior Vice President for Research, Lighthouse International, 111 East 59th Street, New York, NY 10022, 212-821-9525, Fax: 212-821-9706, E-mail: ahorowitz@lighthouse.org

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1. Do you ever feel that problems with your vision make it difficult for you to do the things you would like to do? **1. Yes 0. No**
2. Can you see the large print headlines in the newspaper? **0. Yes 1. No**
3. Can you see the regular print in newspapers, magazines or books? **0. Yes 1. No**
4. Can you see the numbers and names in a telephone directory? **0. Yes 1. No**
5. When you are walking in the street, can you see the "walk" sign and street name signs? **0. Yes 1. No**
6. When crossing the street, do cars seem to appear very suddenly? **1. Yes 0. No**
7. Does trouble with your vision make it difficult for you to watch TV, play cards, do sewing, or any similar type of activity? **1. Yes 0. No**
8. Does trouble with your vision make it difficult for you to see labels on medicine bottles? **1. Yes 0. No**
9. Does trouble with your vision make it difficult for you to read prices when you shop?
1. Yes 0. No
10. Does trouble with your vision make it difficult for you to read your own mail?
1. Yes 0. No
11. Does trouble with your vision make it difficult for you to read your own handwriting?
1. Yes 0. No
12. Can you recognize the faces of family or friends when they are across an average size room? **0. Yes 1. No**
13. Do you have any particular difficulty seeing in dim light? **1. Yes 0. No**
14. Do you tend to sit very close to the television? **1. Yes 0. No**
15. Has a doctor ever told you that nothing more can be done for your vision?
1. Yes 0. No