

**Questionnaire: How does visual impairment affect the person's activities?**

**Choose the relevant answer:**

- 0=does not restrict at all      2=restricts notably      4=almost prevents  
1=restricts a little      3=restricts a lot      5=totally prevents

- Compensatory techniques, either low vision techniques (LV) or techniques of blind (B)  
6=has not yet learned      8=familiar with the technique, partial compensation  
7=receiving instruction, not familiar yet      9=satisfying compensation

- Compensatory services, availability (A=full payment by the client, B=subsidised by the state or federal government, C=subsidised by private organisation(s), D=available without charge):  
10=not available      11=infrequently available      12=readily available

Other impairments: 1. hearing, 2. motor, 3. intellectual, 4. tactile, 5. other: \_\_\_\_\_

**A. In Communication, Access To Information, And In Social Contacts**

date

- 1a. To perceive facial expressions at usual communication distances      \_\_\_\_\_/\_\_\_\_\_
- b. Lip-reading (if it is used by a deaf person)      \_\_\_\_\_/\_\_\_\_\_
- 2a. Communicative movements      \_\_\_\_\_/\_\_\_\_\_
- b. Signs when signed with regular size signs      \_\_\_\_\_/\_\_\_\_\_
- 3. Recognition of family members, friends, caring persons      \_\_\_\_\_/\_\_\_\_\_
- 4. Reading books/newspapers/      \_\_\_\_\_/\_\_\_\_\_
- 5. Watching TV, watching      \_\_\_\_\_/\_\_\_\_\_
- 6. Use of library services      \_\_\_\_\_/\_\_\_\_\_
- 7. Use of computer      \_\_\_\_\_/\_\_\_\_\_
- 8. Use of phone      \_\_\_\_\_/\_\_\_\_\_
- 9. Contact with family members      \_\_\_\_\_/\_\_\_\_\_
- 10. Contact with friends      \_\_\_\_\_/\_\_\_\_\_
- 11. Contact/communication with larger groups of children      \_\_\_\_\_/\_\_\_\_\_
- 12. Other, specify: \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_

**B. In Orientation & Mobility**

- 1. Finding places at home and on the yard      \_\_\_\_\_/\_\_\_\_\_
- 2. Finding places in the neighbourhood, further away in the community      \_\_\_\_\_/\_\_\_\_\_
- 3. Walks/hikes      \_\_\_\_\_/\_\_\_\_\_
- 4. Longer trips, travelling abroad      \_\_\_\_\_/\_\_\_\_\_
- 5. Participation in training (sports, ballet, orchestra, theatre)      \_\_\_\_\_/\_\_\_\_\_
- 6. Cultural events, fairs      \_\_\_\_\_/\_\_\_\_\_
- 7. Other, specify: \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_

**C. In Daily Living Skills**

- 1. Personal care      \_\_\_\_\_/\_\_\_\_\_
- 2. Household tasks      \_\_\_\_\_/\_\_\_\_\_
- 3. Eating at home/restaurant      \_\_\_\_\_/\_\_\_\_\_
- 4. Cleaning      \_\_\_\_\_/\_\_\_\_\_
- 5. Handling money, shopping      \_\_\_\_\_/\_\_\_\_\_
- 6. Clothing care      \_\_\_\_\_/\_\_\_\_\_
- 7. Other, specify: \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_

**D. In Sustained Near Vision Tasks**

- 1. Near vision tasks at work/at school      \_\_\_\_\_/\_\_\_\_\_
- 2. Near vision tasks at home      \_\_\_\_\_/\_\_\_\_\_
- 3. Near vision tasks in hobbies      \_\_\_\_\_/\_\_\_\_\_
- 4. Other, specify: \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_