

Questionnaire: How does visual impairment affect activities?

Name: _____ - _ - _ Date: _____

Choose the relevant answer:

- 0=does not restrict at all
- 1=restricts a little
- 2=restricts notably

- 3=restricts a lot
- 4=almost prevents
- 5=totally prevents

Compensatory techniques, either low vision techniques (LV) or techniques of blind (B)

- 6=has not yet learned
- 7=receiving instruction, not familiar yet
- 8=familiar with the technique, partial compensation
- 9=satisfying compensation

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

0 – 5 / 6 – 9

- 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 neighborhood, further away in the community _____/_____
- 3. Walks/hikes _____/_____
- 4. Longer trips, traveling 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: _____/_____

Table 2. Questionnaire developed for follow-up of development in special skills used by visually impaired children at school age and by adult people. Infants and young children require a modified questionnaire that fits each child's special needs in visual and general development and considers the effect of other impairments on development of all functions.