

Dry-AMD Vision Assessment Questionnaire

Name: _____

Date: _____

Please rate your ability to perform the following activities on a scale from 1 to 5:

	1 Not at all	2 Poorly	3 Fairly	4 Well	5 Very well
Reading (e.g. books, newspapers, labels)	1	2	3	4	5
Driving at night	1	2	3	4	5
Working with a computer or devices (e.g. typing, browsing the internet)	1	2	3	4	5
Watching TV (e.g. identifying characters, reading subtitles)	1	2	3	4	5
Recognizing faces (e.g. identifying family and friends)	1	2	3	4	5
Seeing facial expressions	1	2	3	4	5
Grooming (e.g. shaving, applying makeup)	1	2	3	4	5
Completing household chores (e.g. cooking, cleaning, laundry)	1	2	3	4	5
Exercising (e.g. walking, biking, running, other sports)	1	2	3	4	5
Identifying objects at a distance (e.g. street signs, landmarks)	1	2	3	4	5
Distinguishing contrast and colours	1	2	3	4	5
Daily activities (e.g. cooking, crosswords, crafting, playing an instrument)	1	2	3	4	5
Seeing straight lines (e.g. when using Amsler grid)	1	2	3	4	5

Provide any additional comments of situations when your vision tends to frustrate you:

- Think if your hobbies, interests, activities that you use to do, etc.: