

Vision Interview

Office Us SOF ID#	e Onl	у	Acre	ostic		S	taff	ID#		

	<u> </u>
	(with glasses or contact lenses, if you wear oor, or are you completely blind?
○ Fair ○ Poor	O Very Poor O Completely blind
u worry about yo	ur eyesight?
A little of the time	e ○ Some of the time ○ All of the time
drops in your eye	e for any reason?
○ Don't Know PROPS	LEFT EYE: ○ Yes ○ No ○ Don't Know V8LDROPS
to lower the RDRPP	Are these eye drops used to lower the pressure in your eye? <i>V8LDRPP</i>
○ Don't Know	LEFT EYE: ○ Yes ○ No ○ Don't Know
	y a doctor to lower the pressure in your eyes?
	LEFT EYE: ○ Yes ○ No ○ Don't Know V8DRPLX
e eye with a fist o	
	LEFT EYE:
vear hit:	○ Yes Month/year hit:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	○ No
	O Don't Know
• • • • • • • • • • • • • • • • • • •	ecorded on the Medication Inventory linic Interview Forms).
top vision inter	view and proceed to Ocular History.
	culty, if any, you have doing certain act lenses, if you use them for this activity.
have reading ord	inary print in newspapers? Would you say you
O Extreme diffici	ulty
○ Stopped doing	g this because of your eyesight
ଠ Stopped doing	g this for other reasons or not interested in doing t
	Draft
	F, poor, or very poor of Fair Poor of Poor of Poor of A little of the time of





