General interview guide for Functional Vision Assessment (FVA) from Sheila Murphy, ND

**History**

1. Please tell me about the history of your visual impairment.
2. What have you been told about your visual impairment?
3. Have you noticed any changes in your vision in the past year?
4. What eye surgeries have you had, and when?
5. When did you get your last pair of glasses, and are they helpful to you?
6. Have you ever used optical devices such as magnifiers? What did you use them for? Were they helpful?
7. Do you have additional major health concerns?
8. Are you currently taking any medications?
9. What is your current living situation?
10. Have you had any special training related to your vision?

**Visual status**

1. Do you watch television? At what distance?
2. Do you use a computer? Size of screen? Size and type font? How close do you sit to screen?
3. Can you recognize faces? At what distance? Can you see my face?
4. Is your vision different at different times of the day or on different days?
5. Is your vision better on a bright day, an overcast day, at night, or at twilight?
6. Does a lamp help you with near work?
7. Do you wear sunglasses?
8. Is glare a problem for you? For example, do you have more difficulty seeing when you face a bank of windows?
9. Can you recognize colors? Do some pose more problems than others?
Usual daily activities

1. What activities do you typically do each day at home?
2. Do you have any hobbies or other things you like to do?
3. What do you typically read – newspapers, novels, magazines, recipes?
4. How do you usually get outside? Do you bump into things?
5. Do you have trouble with curbs or steps?
6. Do you have any trouble seeing traffic signs and lights?
7. Do you drive? Where do you go and at what time of day?
8. Do you use public transportation?

Summary question

We’ve talked a lot about your vision and the things you do each day. What do you consider the most important modification or aids you have used to help you address issues related to your visual activities?