



GREEN EYE INSTITUTE

Complete Eye Care

Visual Functioning Index VF-8R

- This questionnaire is required by the Mississippi Medicare Carrier.
- Please answer all questions as accurately as possible.
- Sign and date when finished.

1. Do you have any difficulty, even with glasses, reading small print such as labels on medicine bottles, a telephone book or food labels?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

2. Do you have any difficulty, even with glasses, reading a newspaper or book?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

3. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

4. Do you have any difficulty, even with glasses, reading traffic signs, street signs or store signs?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

5. Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting or carpentry?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

6. Do you have any difficulty, even with glasses, writing checks or filling out forms?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

7. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games or mahjong?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

8. Do you have any difficulty, even with glasses, watching television?

_____ Yes _____ No _____ Not applicable

If yes, how much difficulty do you currently have? (circle one)

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

Print Name

Date of Birth

Signature

Date