

## **How Well Are You Adapting to Visual Impairment?**

A personal needs-assessment survey for people living with low vision or blindness

*How can you tell if you are adapting as well as possible to the most important facets of your everyday life?*

As your vision declines, you have basically two options. You can allow yourself to become handicapped or you can learn ways to deal with the inevitable issues. By actively controlling your daily environment, you can reduce your challenges to manageable levels.

You had little choice when it came to vision loss, but you do have choices when it comes to how you deal with it. This is called adaptability: your ability and willingness to change how you live your life.

This survey will help you to score how you are doing so far. It is designed for people with corrected visual acuity of 20/70 or worse, but everyone can benefit from participating. The questions are drawn from everyday issues faced by visually impaired individuals, as determined by professionals and patients alike.

### **Instructions**

Respond simply “Yes” or “No” to the questions. If, however, you do not currently need a particular modification, respond “NA” (not applicable). Also respond “NA” if you cannot appropriately answer a question because of circumstances beyond your control (pandemic, physical incapability, lack of finances, etc.)

It is important that you respond honestly to all questions and then follow the directions to calculate your adaptability score. Your score will provide a gauge of how well you are adapting, considering your personal situation and needs. A discussion of your result is provided.

Additionally, by following the reference numbers in parentheses, you can learn where to find related Internet resources listed at the end of the

survey. This is information about which you might have been unaware, or which you might now consider if your vision declines further.

When finished, you might take comfort in knowing that you are doing as well as can be expected at this time, or you may be encouraged to learn that more modifications can make your life easier. Your needs and goals are likely to change over time, so plan to re-visit this survey often to ensure that your score and your confidence remain as high as possible.

### **Keeping score by feel**

Respondents who are taking this survey with the assistance of a reader (either human or electronic) may need an alternate method of keeping track of “Yes”, “No”, and “NA” responses. Here is a suggestion:

Playing cards may be placed into three separate stacks representing “Yes”, “No”, and “NA” for easy counting. M&Ms, beans, toothpicks, etc. can substitute for the cards.

Your Adaptability Survey begins on the next page.

## Your Adaptability Survey

1. Do you have a regular exercise routine?  
 Yes  No  NA
2. Do you have accessible transportation? (27)  
 Yes  No  NA
3. Have you been trained to use a long cane (28) or a guide dog (29)? If you do not have need of mobility assistance, select NA.  
 Yes  No  NA
4. Do you visit your eye doctor at least once a year?  
 Yes  No  NA
5. Do you usually comply with your doctor's instructions?  
 Yes  No  NA
6. Do you usually communicate honestly with your doctor? (30) (31)  
 Yes  No  NA
7. Do you have a hobby?  
 Yes  No  NA
8. Do you listen to audible books? If you don't care to read for pleasure, select NA. (7)  
 Yes  No  NA
9. Do you follow research and developments in the field of low vision? (4) (5)  
 Yes  No  NA
10. Do you maintain a written or recorded account of your personal thoughts and experiences? (33)  
 Yes  No  NA

11. Do you listen to webcasts, podcasts, or other forms of educational presentations about low vision? If you don't have access to such programs, select NA. (10)  
 Yes  No  NA
12. Do you have a good basic knowledge of your visual condition? (11) (14)  
 Yes  No  NA
13. Do you basically understand your own treatments and therapies? (5) (14)  
 Yes  No  NA
14. If you know others who are dealing with low vision, are you helping them cope? (20)  
 Yes  No  NA
15. Do you have positive expectations about vision research and future developments? (4) (5)  
 Yes  No  NA
16. Do you communicate your feelings to a friend, spouse, family member, or counselor?  
 Yes  No  NA
17. Do you travel or take periodic short trips? If current conditions or your state of health prohibits travel, select NA. (21)  
 Yes  No  NA
18. Do you have effective ways of helping yourself through periods of depression or anxiety about your vision? If you do not experience such times, select NA. (22)  
 Yes  No  NA
19. Are you part of a low vision or blindness support group, either in person, by Internet, or by telephone? (8)  
 Yes  No  NA

20. Have you contacted an organization that offers information and support for the visually impaired? (9)

Yes  No  NA

21. If your vision permits, have you modified your home with good contrast in mind, such as white dinner plates on a dark table cloth, or white door frames against a dark wall? (12) (13)

Yes  No  NA

22. Have you eliminated hazards in and around your home that can cause falls or collisions, such as scatter rugs underfoot or furniture blocking a walkway? (12) (13)

Yes  No  NA

23. If your eyes respond to light, is your environment relatively free of glare from poor lighting or reflections? (12) (13) (26)

Yes  No  NA

24. If your eyes respond to light, is your work space or reading area brightly lit? (12) (13) (26)

Yes  No  NA

25. If your eyes respond to light, is there sufficient outdoor safety lighting around your home, such as porch lamps and/or walkway lamps? (12) (13) (26)

Yes  No  NA

26. Are the contents of your closets, cabinets, and shelves organized by categories for easy location of contents? (12) (13)

Yes  No  NA

27. Have you applied tangible (tactile) labeling around your home, such as bump dots on appliance controls or safety pins positioned on clothing to indicate color? (12) (13)

Yes  No  NA

28. If you are able to read print, have you applied large-print labeling around your home to identify contents of food containers, medicine bottles, cleaning products, etc.? (12) (13)  
 Yes  No  NA
29. Have you maintained good connections with friends and family?  
 Yes  No  NA
30. Have you recently developed any new relationships?  
 Yes  No  NA
31. Do you periodically attend group events like concerts, shows, and sports? If current conditions have prohibited this, select NA.  
 Yes  No  NA
32. Do you volunteer your services?  
 Yes  No  NA
33. Do you advocate for yourself and others by speaking out about poor practices, discrimination, safety, etc.? (15)  
 Yes  No  NA
34. Are you open to others about your visual condition?  
 Yes  No  NA
35. If you have macular degeneration, does your regular diet include high-antioxidant fruits and vegetables, such as berries, prunes, red grapes, kale, spinach, and broccoli? (3) (16)  
 Yes  No  NA
36. If you have macular degeneration, are you maintaining control of your cholesterol levels? (18) (19)  
 Yes  No  NA
37. If you have macular degeneration, are you maintaining control of your weight? (19)  
 Yes  No  NA

38. If you have macular degeneration, is your blood pressure under control? (19)

Yes  No  NA

39. If you have macular degeneration, do you avoid tobacco smoke? (19)

Yes  No  NA

40. If you have macular degeneration, do you supplement your diet with high-antioxidant vitamins, minerals, and carotenoids, such as an AREDS-2 product? (3) (23)

Yes  No  NA

41. Do you use a handheld magnifier? If you have retinitis pigmentosa, select NA. (6)

Yes  No  NA

42. If finances allow, do you use an electronic audible reading device? If finances do not allow, select NA. (24)

Yes  No  NA

43. Do you use any talking appliances and devices, such as clocks, thermometers, pill bottles, blood pressure cuffs, etc.? (6)

Yes  No  NA

44. If finances allow, do you use a portable vision enhancement device? If finances do not allow, or if you have no functional vision, select NA. (24)

Yes  No  NA

45. If finances allow, do you use a smart phone, electronic tablet, or computer? If finances do not allow, select NA. (24)

Yes  No  NA

46. If finances allow, do you use an outdoor or indoor navigation assistance device or smartphone navigation service? If finances do not allow, select NA. (24)

Yes  No  NA

47. When necessary, do you consciously allow your nonvisual senses of touch, taste, smell, and hearing to substitute for your vision? (13)

Yes  No  NA

48. Do you use automatic dialing on your phone? If your phone does not offer automatic dialing, select NA.

Yes  No  NA

49. Do you protect your eyes from sunlight, both actual and artificial? (26)

Yes  No  NA

50. Have you gone through a program of low vision rehabilitation? (1) (2) (12)

Yes  No  NA

51. If you handle your own finances, do you conduct bank business by phone? If someone else handles your finances, select NA. (13)

Yes  No  NA

52. Are you set up for automatic bill payment? (13)

Yes  No  NA

53. If finances permit, do you have a smart phone to help you with reading, navigation, and identifying objects, as well as communicating? If finances do not allow, select NA.

Yes  No  NA

The survey ends here. To calculate your score see how well you are adapting, go to the next page.



## Calculate your score

To calculate your adaptability score, divide the number of your “Yes” responses by the total of your combined “Yes” and “No” responses. “NA” responses may be ignored.

This score reflects how well you are managing your daily activities, home environment, health, diet, expectations, and social life. The score is expressed as a percentage (in decimal form) of “Yes” responses out of the those which pertain to your unique circumstances.

## About your result

### 1.00

You are a model of adaptability. You have evidently been listening, reading, and complying with professional recommendations. You also obviously understand the importance of active partnerships with the doctors, specialists, and therapists whose efforts are helping you to maintain your independence and quality of life. Whatever your level of visual impairment, you are in a good place and can look forward to conquering the challenges that may lie ahead.

### .66 - .99

Good for you. You are probably feeling pretty confident about maintaining your independence and handling the challenges of low vision. You might, however, want to take a look at the resources below to learn about those modifications that could put the final shine on your adaptability. Sometimes all it takes is recognizing those action points and moving forward to keep the ground solid beneath your feet.

### .33 - .65

You have made some good choices about necessary modifications, but there is plenty of room for more. Your diligence now will pay off in increased independence and self-confidence in performing your daily living activities. If your vision is approaching, or has reached, legal blindness and you haven't already learned about low vision rehabilitation, check out the resource links below or ask your doctor for a referral. Professional help can turn many of your “No” responses into “Yes” for a more independent future.

## 0 - .32

You have probably been feeling a little lost and maybe somewhat afraid right now. It will help you to learn about the many available opportunities for you to explore, either by contacting a reputable low vision organization (9) or by obtaining the services of a low vision specialist or therapist through your eye care professional. The resource links below will guide you to a great deal of information to get you started. You do not have to lose your independence, and you can do much to maintain your quality of life!

### Resources for further information

(Numbers match references appearing after most questions above.)

1. Articles about low vision rehabilitation:

<https://lowvision.preventblindness.org/category/low-vision-rehabilitation-2/>

2. Location of low vision specialists and information about low vision rehabilitation:

<https://www.ialvs.com>

3. Articles about health and nutrition:

<https://lowvision.preventblindness.org/category/health-and-nutrition/>

4. Articles about research and developments:

<https://lowvision.preventblindness.org/category/research-and-developments/>

5. Articles about therapies, treatments, and procedures:

<https://lowvision.preventblindness.org/category/therapies-treatments-and-procedures/>

6. Suppliers of low vision devices:

<https://lowvision.preventblindness.org/suppliers-of-low-vision-devices/>

7. Suppliers of audible books:

<https://lowvision.preventblindness.org/suppliers-of-reading-materials-in-audio/>

8. Information about support groups and other interpersonal communication:

<http://www.mdsupport.org>

9. Macular Degeneration organizations:

<http://www.mdsupport.org/information/md-portal/>

10. ILVSG Audio-Visual Library:

<https://eyesight.org/audio-visual-library/>

11. Eye conditions and diseases

<https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases>

12. A Journey Through Low Vision Rehabilitation

<https://lowvision.preventblindness.org/2018/02/16/jims-story-a-journey-through-low-vision-rehabilitation/>

13. A Self-Help Guide to Low Vision Skills

<https://lowvision.preventblindness.org/wp-content/uploads/2018/10/A-Self-Help-Guide-to-Nonvisual-Skills.pdf>

14. Guide Me Books: Macular Degeneration & Diabetic Retinopathy

<https://guideme.preventblindness.org>

15. Every Patient Can Be An Advocate

<https://lowvision.preventblindness.org/2018/05/16/every-patient-can-be-a-advocate/>

16. Antioxidant Values in Fruits And Vegetables:

<https://lowvision.preventblindness.org/2004/09/25/antioxidant-values-in-fruits-and-vegetables/>

17. Omega-3 Proving to be Beneficial on Several Fronts

<https://lowvision.preventblindness.org/2007/05/20/omega-3-proving-to-be-beneficial-on-several-fronts/>

### 18. Cholesterol and AMD

<https://lowvision.preventblindness.org/2013/04/06/cholesterol-and-amd/>

### 19. A Summary of Risk Factors for AMD

<https://lowvision.preventblindness.org/2008/11/06/a-summary-of-risk-factors-for-amd/>

### 20. How Cope-able Are You?

<https://lowvision.preventblindness.org/2006/08/29/how-copeable-are-you/>

### 21. Travels With Charlie

<https://lowvision.preventblindness.org/stories/travels-with-charlie-2/>

### 22. Depression and Macular Degeneration

<https://lowvision.preventblindness.org/2004/12/25/depression-and-macular-degeneration/>

### 23. What AREDS Means To You

<https://lowvision.preventblindness.org/2013/09/24/what-areds-means-to-you/>

### 24. Suppliers of assistive technology devices:

<https://lowvision.preventblindness.org/assistive-technology-products/>

### 25. Artificial Lighting and the Blue Light Hazard:

<https://lowvision.preventblindness.org/2011/10/03/artificial-lighting-and-the-blue-light-hazard/>

### 26. Lighting For Low Vision:

<https://lowvision.preventblindness.org/2013/07/06/lighting-for-low-vision/>

### 27. Transportation Services Directory

<https://lowvision.preventblindness.org/transportation-services-directory/>

28. Long Cane Techniques

[https://tech.aph.org/sbs/04\\_sbs\\_lc\\_study.html](https://tech.aph.org/sbs/04_sbs_lc_study.html)

29. Guide Dog Training

<https://www.guidedogs.com>

30. What Your Low Vision Doctor Needs To Know

<https://lowvision.preventblindness.org/2013/07/06/what-your-low-vision-doctor-needs-to-know/>

31. What Should I Ask My Doctor?

<https://lowvision.preventblindness.org/2013/07/06/what-should-i-ask-my-doctor/>

32. Clinical Trials

<https://lowvision.preventblindness.org/clinical-trials/>

33. Through Our Eyes

<http://www.mdsupport.org/thrueyes.pdf>

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