OHTS Functional Measures: FM

Patient ID: Site | IDNUM | NAMECODE

Date: EXAMDATE = FORMDATE
mm dd yy

MODULE: Falls Survey

1.	DURING THE PAST 12 MONTHS, how fearful were you of falling? (Circle only one answer)	Don't Know	A Little Fearful	Moderately Fearful	Very Fearful	I was not Fearful	DECSN_ACTION

2.	DURING THE PAST 12 MONTHS, how many times have you fallen? (Circle only one answer)	Don't Know	0	1	2 or 3	4 or 5	FLOOR_CM 6 or more

2a. IF YOU FELL IN THE PAST 12 MONTHS, which of the following injuries did you have? (Check all that apply)

PT_IN No injury
PT_M I had a bruise or bleeding
LUX_UL I had a sprain or a strain
LUX_UR I hit or injured my head
LUX_CTR I broke or fractured a bone
LUX_LL I had some other kind of injury. Please describe: _____

_____

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Instructions to Patient:

- Please circle the correct answer on the scale ranging from 1 to 5 where (1) stands for no difficulty, (2) for a little bit of difficulty, (3) for some difficulty, (4) for quite a lot of difficulty, and (5) for severe difficulty. If you do not perform any of the activities for other than visual reasons, please circle (0).

MODULE: Glaucoma Quality of Life Survey

	Circle one number on each line	No Difficulty at All	A Little Difficulty	Some Difficulty	Quite a Lot	Severe Difficulty	Do Not Perform for Non Visual Reasons
1.	Reading newspapers or fine print LUX_LR	1	2	3	4	5	0
2.	Walking after dark LIGHTING		2	3	4	5	0
3.	Seeing at night LIGHTING_EX		2	3	4	5	0
4.	Walking on uneven ground GQ_UNEVEN		2	3	4	5	0
5.	Adjusting to bright lights GQ_BRIGHT		2	3	4	5	0
6.	Adjusting to dim lights CHART_EXP		2	3	4	5	0
7.	Going from light to dark room or vice versa SITE	1	2	3	4	5	0
8.	Tripping over objects CP_BY	1	2	3	4	5	0
9.	Seeing objects coming from the side GQ_SIDE	1	2	3	4	5	0
10.	Crossing the road GQ_ROAD	1	2	3	4	5	0
11.	Walking on steps/stairs GQ_STAIRS	1	2	3	4	5	0

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	Circle one number on each line	No Difficulty at All	A Little Difficulty	Some Difficulty	Quite a Lot	Severe Difficulty	Do Not Perform for Non Visual Reasons
12.	Bumping into objects GQ_BUMPOBJ	1	2	3	4	5	0
13.	Judging distance of foot to step/curb GQ_CURB	1	2	3	4	5	0
14.	Finding dropped objects GQ_DROPOBJ	1	2	3	4	5	0
15.	Recognizing faces GQ_FACES	1	2	3	4	5	0

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Note to Patient:

- Your answers from this form will be kept confidential and will not be shown to your OHTS clinician or shared with your state's Division of Motor Vehicles.

MODULE: Driving Questionnaire

1. How fast do you usually drive compared to the general flow of traffic? DQ_FAST

   - ☐ Much faster
   - ☐ Somewhat faster
   - ☐ About the same
   - ☐ Somewhat slower
   - ☐ Much slower

2. Has anyone suggested over the past year that you limit your driving or stop driving?

   ☐ Yes ☐ No DQ_LIMIT

	Circle one number on each line to describe the following activities during the past 3 months	No Difficulty at All	A Little Difficulty	Some Difficulty	Quite a Lot	Severe Difficulty	Do Not Perform for Non Visual Reasons
3.	Driving when raining DQ_RAIN	1	2	3	4	5	0
4.	Driving when alone DQ_ALONE	1	2	3	4	5	0
5.	Parallel parking DQ_PARK	1	2	3	4	5	0