

Appendix 1: Survey Questions for Acquired Monocular Vision Rehabilitation Evaluation

Date of Birth: \_\_\_\_\_

Sex: Male\_\_\_\_ Female\_\_\_\_

Cause of the loss of an eye or the loss of sight in one eye? \_\_\_\_\_

War where loss occurred: Iraqi war\_\_\_\_ Gulf war\_\_\_\_ Other: (please list):\_\_\_\_\_

Was the loss of an eye or the loss of sight in one eye: sudden? \_\_\_\_ gradual? \_\_\_\_

Other Physical trauma: none: \_\_\_\_

Other: \_\_\_\_\_

Mobility: Walks without assistance: \_\_\_\_

Walks with cane, crutches, walker? \_\_\_\_

Wheelchair: \_\_\_\_

Speech loss or impairment: yes\_\_\_\_ no\_\_\_\_

Hearing loss or impairment: yes\_\_\_\_ no\_\_\_\_

Check the tasks listed below that you found to be the most difficult to adjust to after  
losing one eye or losing the sight of one eye:

MOBILITY/DEPTH PERCEPTION:

\_\_\_\_\_walking

\_\_\_\_\_running

\_\_\_\_\_steps/curbs/stairs

\_\_\_\_\_crossing the street

\_\_\_\_\_driving a vehicle

\_\_\_\_\_parking a vehicle

\_\_\_\_\_riding a motorcycle

\_\_\_\_\_riding a bicycle

\_\_\_\_\_sports / catching or hitting a ball

\_\_\_\_\_shooting a gun

SOCIAL CHANGES:

- \_\_\_\_\_ loss of confidence
- \_\_\_\_\_ loss of self-esteem
- \_\_\_\_\_ turned to alcohol or illicit drugs
- \_\_\_\_\_ depression
- \_\_\_\_\_ uncomfortable in social settings due to awareness of change in appearance

OTHER:

- \_\_\_\_\_ eating
- \_\_\_\_\_ cooking
- \_\_\_\_\_ spills occur when pouring liquids into smaller containers
- \_\_\_\_\_ shopping
- \_\_\_\_\_ computer use
- \_\_\_\_\_ reading
- \_\_\_\_\_ woodworking/plumbing/electrical work
- \_\_\_\_\_ watching TV/movies
- \_\_\_\_\_ playing video games
- \_\_\_\_\_ cosmetic appearance

Did you have any formal training to help you to adapt to your acquired monocular vision? Yes No

If no, do you feel formal training would be helpful if available? Yes No

Comments: If so, How? \_\_\_\_\_

\_\_\_\_\_