

Appendix 1.

Blind Rehabilitation Service Functional Outcomes Survey (VA-13).

Revised 2-2-01		Name:					
		SS#:					
		Telephone #:					
		Referring Center or BROS:					
		Date of Survey:					
		Since your discharge, have you had any changes in vision or health?					
		(y/n) - if yes then comment:					
Skill Area	Response Set	Since discharge have you:	Frequency (0-4)	Importance (Y/N)	Independence Level (1-3)	If not independent, visual ability? (V/O)	Satisfaction Level (1-4)
LS	A	1 Measured using common kitchen measuring devices (measuring cups and spoons)?					
MS	A	2 Performed home maintenance (changed a light bulb, painted something)?					
LV	A	3 Read mail (letters or bills)?					
LV	A	4 Watched television comfortably?					
MS	A	5 Assembled something (toy or furniture)?					
OM	A	6 Familiarized yourself to a new area?					
LS CATS	A	7 Communicated in writing (hand writing, type writing, or word processing)?					
LV LS	A	8 Read a magazine or newspaper article or a book?					
OM LV	A	9 Crossed a street with a traffic light?					
OM	A	10 Generally avoided obstacles while walking?					
MS LS	A	11 Organized your supplies, tools, or kitchen utensils?					
LS LV	A	12 Paid your own bills?					
MS	A	13 Measured the size of something?					

Response Set A:

- 1) Do you do this (task):
 - 0 – not at all
 - 1 – about every 6 months
 - 2 – about once a month
 - 3 – about once a week
 - 4 – on a daily basis

- 2) Do you feel this task is important?
 - No, not important
 - Yes, is important

- 3) Are you able to (task) with:

- 1 – a great deal of assistance
- 2 – a little assistance
- 3 – no assistance, or independently

- 4) If task independence = 1 or 2 and importance is yes, is this due to person's visual ability?
 - V – due to visual ability
 - O – due to factors other than visual ability

- 5) How satisfied are you with your ability to (task)?

- 1 – completely dissatisfied
- 2 – dissatisfied
- 3 – satisfied
- 4 – completely satisfied

Appendix 2.

Functional Assessment of Self-Reliance on Tasks (FAST)

CLINICALLY JUDGED CRITERIA

(Employing observations, historical and current records, and veteran's **transdisciplinary** performance)

<p><i>Independence</i> 10 Excellent skills demonstrated with complete independence in all aspects of the item. Skills are well integrated; personal confidence is high; demonstrated potential for problem solving and transfer of skills is evident. Integration of device(s) is excellent. 9 Very Good skills are demonstrated with independence in 90% of the aspects for the item. Problems with confidence and problem solving are infrequent; continued instruction is discretionary and focuses on increasing ability to transfer of skills. Integration of device(s) is very good. <i>Limited Independence</i> 8 Good skills are demonstrated with independence in 80% of the aspects for the item. No task problems or difficulties observed; needs more instruction to improve personal confidence and problem solving abilities. Integration of device(s) is good. 7 Above Average skills demonstrated with independence in 70% of the aspects for the item. Individual steps in a sequence may be confused; consistency, pace and personal confidence could be improved with additional instruction. Integration of device(s) is above average. 6 Average skills demonstrated with independence in 60% of the aspects for the item. Problems or difficulties with some components of the task remain; pace, confidence and personal ability are marginal acceptable. Minimal ability to meet personal needs is apparent. Integration of device(s) is average.</p>	<p><i>Limited Dependence</i> 5 Below Average skills demonstrated with dependence in 50% of the aspects for the item. Persistent problems with accuracy or difficulties remain with task parts rather than the entire task; unable to meet personal needs. Some confusion remains but safety is not a concern. Integration of device(s) is below average. 4 Poor skills demonstrated with dependence in 60% of the aspects for the item. Severe problems or difficulties observed completing tasks independently; occasional safety issues remain a concern. Confusion is apparent. Integration of device(s) is poor. <i>Dependence</i> 3 Very Poor skills demonstrated with unacceptable performances of task components without supervision or inconsistent safety and memory are the primary concerns. Integration of device(s) is very poor. 2 Extremely Poor skills demonstrated with severe problem in safety or totally dependent upon help for task completion. Integration of devices is extremely poor. 1 Unable to perform tasks or is a danger to self when attempting to perform tasks. Unable to use device(s).</p> <p>Circle the letter denoting the reason for no score at discharge. (A) Skills sufficient, training unnecessary. (B) Veteran declined training. (C) Veteran terminated training before completion. (D) Veteran physically unable to perform task. (E) Cognitively unable to perform task. (F) Other, specify reason.</p>
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	ADMIT	DISCHARGE
Food Preparation	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Home Maintenance	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Fine Motor Skills & Dexterity	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Personal Management	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Leisure Activities	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Financial Management	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Personal Communications	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Long-term Reading (1M print)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Home and Neighborhood Travel	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Community Mobility	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F
Shopping & Indoor Travel	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 A/B/C/D/E/F

Veteran: _____

Facilitator: _____

Comments:

Definition of Terms

FOOD PREPARATION: Involves a range of skills and abilities that typically include organizing and planning a menu; preparing cold foods; preparing hot foods using stove top, oven or microwave. Serving the meal, adaptive eating skills, and clean up of the kitchen while using needed low-vision devices and other adaptive aids or prosthetics are also rated skills.

HOME MAINTENANCE: Involves a range of skills and abilities that typically include household cleaning (vacuuming, sweeping, mopping/scrubbing floors, making beds, kitchen and bathroom cleaning), safety in the home, and basic to advanced household repair tasks while using needed low-vision devices and other adaptive aids or prosthetics.

FINE MOTOR SKILLS & DEXTERITY: Involves a range of skills and abilities that typically include activities designed to increase confidence in and use of one's hands and associated tactile sense as a means to supplement vision in the completion of daily tasks. Activities designed to increase this ability include recognizing, sorting, assembling, and measuring, which increase strength, endurance, and confidence in performing many basic and instrumental activities of daily living with the hands in support of reduced visual abilities.

PERSONAL MANAGEMENT: Involves a range of skills and abilities that typically include time management (telling time, appointment scheduling methods, etc.), telephone usage, personal grooming, dressing skills, and clothing care while using needed low-vision devices and other adaptive aids or prosthetics.

LEISURE ACTIVITIES: Involves a range of skills and abilities that typically include a range from sedentary to active leisure activities (Library of Congress, Radio Reading Services, television, cards, board games, leather work, copper tooling, woodworking, walking, golfing, bowling, etc.) while using needed low-vision devices and other adaptive aids or prosthetics.

FINANCIAL MANAGEMENT: Involves a range of skills and abilities that typically include direct monetary transactions (money identification and organization), institutional monetary transactions (check writing, etc.), performing mathematical computations, and financial record keeping. Also includes the organizational skills required to accomplish these tasks while using necessary low-vision devices and other adaptive aids or prosthetics.

PERSONAL COMMUNICATIONS: Involves a range of skills and abilities that typically would include written, oral, tactual, and print methods for keeping track of information to be shared with another party, such as taking messages or personal correspondence along with the organizational skills required to accomplish these tasks. Typically includes the teaching of handwriting, use of taping devices, typing, note taking, labeling, filing, etc., while using needed low-vision devices and other adaptive aids or prosthetics.

LONG-TERM READING (VISUAL): Involves a range of skills and abilities in the use of glasses and prosthetic devices that enables continuous text reading of 1M print size for one-half hour or more.

HOME AND NEIGHBORHOOD TRAVEL: Involves a range of skills and abilities that typically involve travel in and around the home/domicile, such as a garage, a dark room, a kitchen/bathroom, an attic, congested areas, the yard, driveway or alleyway. The travel environment expands into the immediate neighborhood including detection of curbs and simple street crossings while using needed low-vision devices and other prosthetics.

COMMUNITY MOBILITY: Involves a range of skills and abilities that typically include more complex street crossings, familiar and unfamiliar area travel, a variety of travel environments, such as rural, semi-business, or business. All travel occurring outside of the home and immediate neighborhood environment while using needed low-vision devices and other prosthetics.

SHOPPING AND INDOOR TRAVEL: Involves travel in environments where products are for sale such as grocery stores, drug stores, enclosed malls, or travel in environments like airports, hospitals, schools, restaurants, etc. while using needed low vision devices and other prosthetics.

Appendix 3.

Department of Veterans Affairs Low Vision Visual Functioning Questionnaire (VA LV VFQ).

A. Is it difficult to _____?

For part (A) of each of the following items select one response to indicate the difficulty level:

1. NOT difficult (enter 1 for A & move on to next item)
2. SLIGHTLY/MODERATELY difficult
3. EXTREMELY difficult
4. IMPOSSIBLE
9. UNSCORED: Patient not interested in activity (GO TO NEXT ITEM - enter 9 for A-C)

B. Is it (difficult) because of your vision?

1. YES 0. NO

C. How important is it for you to _____ without assistance from another person?

For part (C) of each of the following items select one response to indicate importance:

1. Not important 2. Moderately important 3. Very important

"These questions relate to reading and near vision activities. Remember if you use a low-vision device, adaptive device, or an adaptive technique to assist with the activity then please respond as though you were using the device or technique."

	A.	B.	C.
<ol style="list-style-type: none"> 1. Read newspaper headlines 2. Read newspaper or magazine articles 3. Read mail 4. Read menus 5. Read small print on package labels 6. Keep your place while reading 7. Find beginning of next line while reading 8. Read for 30 minutes or longer 9. See photos 10. Find something on a crowded shelf 11. Identify medicine 12. Identify money 13. Tell time 14. Read street signs and store names 15. Read signs (example: grocery store aisle) 16. Read print on television 17. Watch television 18. Follow action on television 19. Play table and card games 20. Work on your favorite hobby 21. Recognize people up close 22. Recognize people from across the room 23. Look at a person without their face disappearing 24. Recognize facial expressions 25. Go to the movies 26. Go to spectator events 27. Do yard work 28. Handle finances 29. Locate amount due on bills 			

<ul style="list-style-type: none"> 30. Figure out if your bill is correct 31. Make out a check 32. Sign your name 33. Take a message 34. Match clothes 35. Identify spots or stains on clothes 36. Identify food on a plate 37. Fix a snack 38. Prepare meals 39. Use appliance dials 40. Groom yourself 41. Eat and drink neatly 42. Clean the house 43. Get around outdoors in places you know 44. Get around in unfamiliar places 45. Go down steps in dim light 46. Go out at night 47. Get around in a crowd 48. Avoid bumping into things 49. Cross street at a traffic light 50. Use public transportation 51. Find public restrooms 52. Play sports 53. Adjust to bright light 			
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