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/DEPTHPERCEPTION:**

______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?  __________________________________________________

_______________________________________________________________________