

APPENDIX 1

The Independent Mobility Questionnaire is shown below. It was administered to the subjects before testing began and again after testing was completed.

INDEPENDENT MOBILITY QUESTIONNAIRE

- 1. Do you have problems walking around because of your vision? ___Yes ___No
- 2. Do you have problems walking around because of other health problems?
___Yes ___No
- If "Yes," please describe: _____
- 3. Do you feel safe when you walk by yourself? ___Yes ___No
- 4. List 3 things that cause you the most stress in your mobility situations (walking around):
a. _____ b. _____ c. _____

Directions: Read each mobility situation given below and circle the number that best expresses the level of difficulty you feel in the situation without any assistance (cane, companion, guide dog, etc.). **On a scale of 1 to 5, 1 represents no difficulty and 5 represents extreme difficulty.** N/A represents not applicable. Use N/A also if you only perform an activity with assistance. If your selection is greater than 1 and the difficulty is due to some reason other than your vision loss, please place an "x" in the blank space.

	No Difficulty					Extreme Difficulty					
Walking in familiar areas	N/A	1	2	3	4	5					
Walking in unfamiliar areas	N/A	1	2	3	4	5					
Moving about in crowded situations	N/A	1	2	3	4	5					
Walking through doorways	N/A	1	2	3	4	5					
Walking in high-glare areas.....	N/A	1	2	3	4	5					
Walking in dimly lit indoor areas.....	N/A	1	2	3	4	5					
Being aware of another person's presence.....	N/A	1	2	3	4	5					
Avoiding bumping into:											
People	N/A	1	2	3	4	5					
Walls	N/A	1	2	3	4	5					
Head-height objects	N/A	1	2	3	4	5					
Shoulder-height objects	N/A	1	2	3	4	5					
Waist-height objects	N/A	1	2	3	4	5					
Knee-height objects	N/A	1	2	3	4	5					

Low-lying objects	N/A	1	2	3	4	5
Avoiding tripping over uneven travel surfaces ...	N/A	1	2	3	4	5
Moving around in social gatherings	N/A	1	2	3	4	5

Have you fallen in the last year? (By “fallen,” I mean unintentionally come to rest on the ground or at some lower level)

Yes No

If so, approximately how many times? ____

How often do you ask someone to accompany you when you leave your house?

Always Usually Sometimes Never

Are you satisfied with your present level of travel? Yes No

Have you ever had any kind of training to help you move around better (“mobility training”)?

Yes No

Do you use a mobility aid such as a guide dog, cane, sighted companion, walker (if yes, circle appropriate device used)?

Yes No