

Answer sheet

Patient name: _____

NHS no: _____

1 Ask the patient some questions

Actions

When did you last have a sight test?
(Should be every year)

Date of last sight test:

Do you wear glasses?

Yes No

Are your glasses up to date?

Yes No

What do you wear your glasses for?

Date of last pair:

Circle one:
reading/distance/everything [bifocals/varifocals]

Have you got your glasses with you?

Yes No

Do you have any eye conditions? If so, are
you using any prescribed treatment?
(eg eyedrops for glaucoma)

Eye condition:
Prescribed treatment names:

2 Check distance vision

Actions

Can you see the television clearly at home?

Yes No

Can you read this? *or*
Tell me what the picture is?

Yes No

3 Check near vision

Actions

Can you usually see to read newspaper print,
shopping lists or medicine labels?

Yes No

Can you read this *or*
tell me what the picture is?

Yes No

Date and time: _____

Signature: _____

Print name: _____

Designation: _____