

11. Do you have stairs to deal with? _____

12. What is your current means of transportation? _____

13. Annual income level (good information for grants)

\$0-\$25k

\$25k-\$50k

\$50k-\$100k

\$100k+

Medical Card?

Medical Card?

14. Do you have any known scheduling Conflicts?

MEDICAL – VISION

15. Degree of Visual Impairment

Totally blind

Legally blind

Severe vision impairment

16. Major Cause of Visual Impairment check **all** that apply:

Cataracts

Diabetic retinopathy

Glaucoma

Macular degeneration

17. When did your sight loss begin?

OTHER MEDICAL

18. Check all Health Conditions:

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's Disease / Cognitive Impairment | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiovascular Disease/Stroke | <input type="checkbox"/> Neurological Impairments |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Psychiatric Disorder |
| <input type="checkbox"/> Depression/Mood Disorder | <input type="checkbox"/> Renal Diseases/Genitourinary Disorders |
| <input type="checkbox"/> Developmental Disability/Delay | <input type="checkbox"/> Respiratory/Lung Conditions |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Seizure Disorder |
| | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Other or None |

19. Check **all** Other Age-Related Impairments

- Hearing impairment
 - Primary cause of Hearing Impairment: _____
 - Do you wear a hearing aid?
- Mobility impairment
- Communication impairment
- Cognitive or Intellectual Impairment
- Mental Health Impairment
- Other impairment: _____