VISION QUESTIONNAIRE

Claimant Name:

SSN: Date: 08-06-2026

1) What are your chief complaints about your vision?

2) Which eye is involved? ☐ Right ☐ Left ☐ Both

3) Where and when was your most recent eye exam?

a) Date of exam: _____

b) Name of Provider: _____

c) Address: _____

d) Phone: _____

e) What visual diagnosis did your doctor give you?

4) Tell us about any upcoming vision exams or eye surgeries you have scheduled.

5) Do you wear glasses or contact lenses? ☐ Yes ☐ No

If yes, answer the following questions a-d:

a) Are you able to drive a car while wearing corrective lenses? ☐ Yes ☐ No

If yes, do you have any specific restrictions on your driver's license?

b) Do you have any difficulties navigating your home or any other setting while wearing corrective lenses?
☐ Yes ☐ No
If yes, please provide details:

c) Are you able to read print such as mail, newspaper, cell phone, or computer screens while wearing your corrective lenses? ☐ Yes ☐ No
If no, please describe how you deal with those issues:

d) Have you changed or stopped certain activities due to your visual condition? ☐ Yes ☐ No
If yes, please provide details:

6) Do you have any deficits in your peripheral vision for one or both eyes? ☐ Yes ☐ No
If yes, please provide details:

7) Do you use a guide dog, white cane, magnifiers, Video Magnifier (CCTV) or other vision aids other than glasses or contacts? If so, then which aid(s) do you use and who prescribed it?

Name of person completing this form (Please print)	08-06-2026 Date	Phone	
Address	City	State	Zip

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d) and 1631(d) and (e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed.

We will use the information to make a determination regarding your ability to perform work-related activities. We may also share your information for the following purposes, called routine uses:

1. To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examination or vocational assessments which they were engaged to perform by SSA or a State agency acting in accord with sections 221 or 1633 of the Act; and

2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0044, entitled National Disability Determination Services File System and 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*