

5 Questions to Ask Before Purchasing Assistive Tech for Low Vision

Name: _____

Date: _____

What are my top 3 goals? (Ex. reading again, returning to work, resuming hobbies)

Goal 1:

Goal 2:

Goal 3:

How open am I to trying new technology? (Circle one.)

1 2 3 4 5 6 7 8 9 10

Not very

Very much

Is my mobility restricted in any way? (Circle one.)

Yes

No

What is my remaining functional vision, if any? Is that expected to change?

Are there any environmental factors that will affect my success? (Ex. lighting)