Pre-Surgical Cataract Patient Questionnaire.

Name:_____

Visual Functioning

Do you have difficulty, even with glasses, with the following activities? Please circle yes or no.

1. Reading small print, such as labels on medicine bottles, telephone books or food labels?	**YES NO**
2. Reading a newspaper or book?	**YES NO**
3. Reading a large print book or newspaper, or large numbers on a telephone?	**YES NO**
4. Recognizing people when they are close to you?	**YES NO**
5. Seeing steps, stairs, or curbs?	**YES NO**
6. Reading traffic signs, street signs, or store signs?	**YES NO**
7. Doing fine handwork like sewing, knitting or carpentry?	**YES NO**
8. Writing checks or filling out forms?	**YES NO**
9. Playing games such as bingo, dominos, or card games?	**YES NO**
10. Taking part in sports like bowling, handball, tennis or golf?	**YES NO**
11. Cooking?	**YES NO**
12. Watching television?	**YES NO**

Symptoms

Have you been bothered by?

1. Poor night vision? **YES NO**
2. Seeing rings or halos around lights? **YES NO**
3. Glare caused by headlights or bright sunlight? **YES NO**
4. Hazy or blurry vision? **YES NO**
5. Seeing well in poor or dim light? **YES NO**
6. Poor color vision? **YES NO**
7. Double vision? **YES NO**

Driving

1. Do you currently drive a car? **YES NO**
2. If **NO** when did you stop driving?
   ☐Less than 6 months ago ☐6-12 months ago ☐ More than 1 year ago
3. How much difficulty do you have driving during the day because of your vision?
   ☐None ☐Moderate difficulty
   ☐ A little ☐A great deal of difficulty
4. How much difficulty do you have driving at night?
   ☐ None ☐Moderate difficulty
   ☐ A little ☐ A great deal of difficulty

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision anymore, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

YES NO

Patient Signature_____ Date_____

Vision OD_____ OS_____ *Glare OD_____OS_____*