Pre-Surgical Cataract Questionnaire

Patient:________________________________

Date: ________________________________

Eye: ________________________________

Height:____________

Weight:____________

VISUAL FUNCTIONING

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

SYMPTOMS

Have you been bothered by:	YES	NO
1. Poor night vision?	☐	☐
2. Seeing rings or halos around lights?	☐	☐

OVER ↷

3. Glare caused by headlights or bright sunlight? ☐ ☐

4. Hazy and/or blurry vision? ☐ ☐

5. Seeing well in poor or dim light? ☐ ☐

6. Poor color vision? ☐ ☐

7. Double vision? ☐ ☐

DRIVING

1. Have you ever driven a car? ☐ YES (continue) ☐NO (stop)

2. Do you currently drive a car? ☐ YES (continue) ☐NO (stop)

3. How much difficulty do you have driving during the day because of your vision?
   ☐No Difficulty ☐A moderate amount of difficulty
   ☐A little difficulty ☐A great deal of difficulty

4. How much difficulty do you have driving at night because of your vision?
   ☐ No Difficulty ☐ A moderate amount of difficulty
   ☐A little difficulty ☐A great deal of difficulty

5. When did you last stop driving?
   ☐Fewer than 6 months ago ☐6-12 months ago
   ☐More than 1 year ago

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: ____________