EYE SPECIALTY GROUP
Your Vision Partner

NAME: _____ **DOB:**_____

Pre Surgical Cataract Questionnaire Eye Being Evaluated: ☐ Right ☐ Left

VISUAL FUNCTIONING

Do you have difficulty, even with glasses, with the following activities?	**YES**	**NO**	**Do Not Do**
1. Reading small print, such as medicine bottles or telephone books?	☐	☐	☐
2. Reading a newpaper or book?	☐	☐	☐
3. Reading a large-print book or other large print?	☐	☐	☐
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, carpentry, or models?	☐	☐	☐
8. Writing checks or filling out forms?	☐	☐	☐
9. Playing games such as bingo, dominos, or card games?	☐	☐	☐
10. Participating in sports like bowling, tennis, golf?	☐	☐	☐
11. Watching television?	☐	☐	☐
12. Cooking?	☐	☐	☐

SYMPTOMS

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

DRIVING

1. Have you ever driven a car?
2. How much difficulty do you have <u>driving during the day</u> because of your vision?
   ☐ No difficulty ☐ Little difficulty
   ☐ Moderate ☐ Severe
3. Have you given up driving during the day due to your vision? ☐ Yes ☐ No
2. How much difficulty do you have <u>driving at night</u> because of your vision?
   ☐ No difficulty ☐ Little difficulty
   ☐ Moderate ☐ Severe
5. Have you given up driving at night due to your vision? ☐ Yes ☐ No

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 the only way to help you see better is cataract surgery, do you feel your vision is bad enough to consider cataract surgery now?

☐ Yes ☐ No

_____ _____

Signature Date

(staff only) Glare 20/____ 20/____