

Your Information

What is your name? _____

Visual Functioning

Do you have difficulty, even with glasses, with the following activities?

- Reading small print, pill bottle labels, newspapers, books or the telephone book? Yes No
- Recognizing people when they are close to you? Yes No
- Seeing steps, stairs or curbs? Yes No
- Reading traffic signs, street signs, or store signs? Yes No
- Doing fine handwork like sewing, knitting, or carpentry? Yes No
- Writing checks or filling out forms? Yes No
- Playing games such as bingo, dominos or card games? Yes No
- Shaving or putting on your make up? Yes No
- Cooking? Yes No

Symptoms

Have you been bothered by:

- Poor night vision, color vision or double vision? Yes No
- Hazy and/or blurry vision? Yes No
- Seeing well in poor or dim light? Yes No
- Do you currently drive a car? Yes No
- Seeing rings or halos around lights at night while driving? Yes No
- Glare caused by headlights or bright sunlight? Yes No
- Do you do a lot of night driving? Yes No Somewhat
- On a scale of 1-5 (where 1 is none and 5 is a great deal), how much difficulty do you have driving:
- 1 2 3 4 5
- during the day because of your vision?
- during the night because of your vision?

Lifestyle Considerations

What is or was your occupation? _____

List your favorite hobbies, sporting / recreational / outdoor activities? _____

- Do you use a computer frequently? Yes No Somewhat
- Do you do a lot of close detailed work? Yes No Somewhat
- Have you ever tried monovision contact lenses? Yes No Now using
- If "yes", did/do you like it? Yes No
- Do you wear progressive/no-line bifocals now? Yes No
- Over your lifetime, have you generally been satisfied with your vision with prescription glasses? Yes No

If "no", please explain: _____

- Would you like to have, without glasses, good distance and near vision in good light, even if you might see some rings around lights at night? Yes No Maybe
- Have you had LASIK? Yes No

Do you have any specific vision concerns? _____

Cataract surgery can be safely postponed until you feel you need better vision. If stronger glasses will not improve your vision, and if the only way to see better is cataract surgery, then do you feel your vision problem is bad enough to require cataract surgery now? Yes No

Name (print): _____ Date: _____

Patient / Guardian / Guarantor

Signature: _____