

Name: _____

DOB: ____/____/____

Do you have DIFFICULTY WITH THE FOLLOWING ACTIVITIES, even with glasses?

Please Circle

- | | | |
|--|-----|----|
| 1. Seeing street signs or driving? | Yes | No |
| 2. Watching TV or movies? | Yes | No |
| 3. Reading the small print in newspapers, magazine or cell phones? | Yes | No |
| 4. Writing checks, reading bills or filling out forms? | Yes | No |
| 5. Everyday events such as dialing the phone or seeing your watch? | Yes | No |

Do you have any of the following VISUAL SYMPTOMS?

- | | | |
|--|-----|----|
| 1. Poor night vision while driving? | Yes | No |
| 2. Seeing rings around lights or glare caused by sunlight? | Yes | No |
| 3. Hazy vision? | Yes | No |
| 4. Blurry vision? | Yes | No |
| 5. Difficulty seeing in poor or dim light? | 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 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 _____

Is your current level of vision causing a safety concern for you (ex., walking downstairs, driving, etc.)?

Yes _____ No _____

Is your current level of vision causing frustration in your daily activities (ex., using your computer/phone, playing sports, hobbies, etc.)?

Yes _____ No _____

Patient Signature _____ Date _____

FOR OFFICE USE ONLY:

2nd EYE SURGERY FOR: LEFT EYE or RIGHT EYE

I have had cataract surgery on my first eye. My untreated eye is still experiencing the following (please check all that apply):

- | | |
|---|-------------------------------------|
| ____ Blurry vision even with glasses | ____ Difficulty seeing the TV |
| ____ Poor night vision | ____ Difficulty seeing in dim light |
| ____ Glare or halos around artificial light sources | ____ Hazy vision |
| ____ Other _____ | |

Patient Signature _____ Date _____