Cataract Questionnaire

Patient Name: _____ Date: _____ MEC: _____

Please fill out form and bring it with you when you come in for your examination.

CONTACT LENS WEARERS: Prior to cataract surgery, contact lens wearers must be out of contact lenses completely for two weeks so we can obtain measurements for your surgery. You have the choice to continue wearing them, including to your appointment, but please bring your glasses. If you are a candidate for surgery, you will need to return for an additional short visit to obtain these measurements. You can also stop wearing your contact lenses two weeks prior to your appointment. This will allow us to take the measurements at the time of your consultation. This is the preferred option.

Please answer the following survey to the best of your ability. The answers provided here will affect your qualifications for cataract surgery so please answer based on the eye that is bothering you if it is not both. Because of your vision, how much difficulty do you have with the following activities? Check the box that best describes how much difficulty you have, even with glasses. If you do not perform the activity for reasons unrelated to your vision, circle none.

Activity	None	A little	Moderate	Great Deal	Unable to do
1. Reading small print, such as medicine bottle labels or food labels	☐	☐	☐	☐	☐
2. Reading a newspaper or a book	☐	☐	☐	☐	☐
3. Seeing steps, stairs, or curbs	☐	☐	☐	☐	☐
4. Reading traffic signs, street signs or store signs	☐	☐	☐	☐	☐
5. Doing fine work like sewing, knitting, crocheting or carpentry	☐	☐	☐	☐	☐
6. Writing checks or filling out forms	☐	☐	☐	☐	☐
7. Playing games such as bingo, card games or puzzles	☐	☐	☐	☐	☐
8. Taking part in sports like bowling, tennis, golf and pickleball	☐	☐	☐	☐	☐
9. Cooking	☐	☐	☐	☐	☐
10. Watching television	☐	☐	☐	☐	☐
11. Driving during the day	☐	☐	☐	☐	☐
12. Driving at night	☐	☐	☐	☐	☐
13. Other things important to you	☐	☐	☐	☐	☐

Patient Signature: _____

Physician Signature: _____

(Jonathan Chao, MD)