

## Cataract and Quality of Life Questionnaire

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Patient Name: \_\_\_\_\_ Chart #: \_\_\_\_\_

Decreasing vision can cause changes in your daily life. To help us evaluate your level of visual functioning it is important to know the problems you are having as you go through your daily activities. The following are common concerns people have regarding their vision. Please answer by circling yes or no (*with BEST CORRECTION (GLASSES/CONTACTS)*).

DOES YOUR SIGHT MAKE IT A PROBLEM FOR YOU TO:

READ NEWSPAPERS, MAIL, or BILLS	YES	NO
SEE TRAFFIC SIGNS OR STORE AISLE DIRECTORIES	YES	NO
READ PRICE TAGS OR MEDICINE LABELS	YES	NO
RECOGNIZE PEOPLE'S FACES	YES	NO
SEE STAIRSTEPS OR CURBS	YES	NO
SEE TV CLEARLY	YES	NO
MANAGE YOUR HOME	YES	NO
DO YOUR FAVORITE HOBBY	YES	NO
ENJOY RECREATION AND LEISURE	YES	NO

ARE YOU BOTHERED BY:

CAR HEADLIGHT GLARE	YES	NO
HALOS AROUND LIGHTS AT NIGHT	YES	NO
GLARE FROM GLOSSY MAGAZINE PAGES	YES	NO
BRIGHT SUNLIGHT WHEN OUTSIDE	YES	NO
FACING WINDOWS WITH BRIGHT DAYLIGHT	YES	NO
HAZY, FOGGY, OR BLURRY VISION	YES	NO

Cataract surgery can almost always be safely postponed until you feel you need better vision, however, if you feel at all hampered by the best vision that glasses can provide, then cataract surgery becomes a reasonable option. 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

\_\_\_\_\_  
Physician Signature

**Turn over for Page 2**

