Martinelli Eye and Laser Centers Pre-Surgical Cataract Patient Questionnaire

Patient:	Eye being Evaluated:	Right	Left					
VISUAL FUNCTIONING: Do you have difficulty, even with glasses, with the following activities:								
	ng small print, such as labels on medicine bottles, telephone or food labels?	YES	NO					
	g a newspaper or book?	YES	NO					
_	g a large-print book, or a large-print newspaper, or large son a telephone?	YES	NO					
4. Recogn	nizing people when they are close to you?	YES	NO					
5. Seeing	steps, stairs, or curbs?	YES	NO					
6. Reading	g traffic signs, street signs, or store signs?	YES	NO					
7. Doing f	fine handwork like sewing, knitting, crocheting, or carpentry	? YES	NO					
8. Writing	g checks or filling out forms?	YES	NO					
9. Playing	g games such as bingo, dominos, or card games?	YES	NO					
10. Taking	part in sports like bowling, handball, tennis, or golf?	YES	NO					
11. Cookin	g?	YES	NO					
12. Watchi	ng television?	YES	NO					
SYMPTOMS: Have you been bothered by:								
1. Poor ni	ght vision?	YES	NO					
2. Seeing	rays or halos around lights?	YES	NO					
3. Glare c	aused by headlights or bright sunlight?	YES	NO					
4. Hazy aı	nd/or blurry vision?	YES	NO					
5. Seeing	well in poor or dim light?	YES	NO					
6. Poor co	olor vision?	YES	NO					

1.	Have you ever driven a car?	YES	NO		
2.	Do you currently drive a car?	YES	NO		
3.	How much difficulty do you haNo difficultyA little difficultyA moderate amount of diffA great deal of difficulty		ng during th	e day because of your vision?	,
4.	How much difficulty do you haNo difficultyA little difficultyA moderate amount of difficultyA great deal of difficulty		ng at night b	ecause of your vision?	
5.	When did you stop driving?Less than 6 months ago6-12 monthsMore than 1 year ago				
	Cataract surgery can almost alw vision. If stronger glasses won help you see better is cataract s consider cataract surgery now?	't improvurgery, c	ve your vision	n any more, and if the only wa	ay to
	Patient Signature			Date	