

**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:**

- |  |     |    |
|--|-----|----|
| 1. Reading small print, such as labels on medicine bottles, telephone books, or food labels? | YES | NO |
| 2. Reading a newspaper or book?  | YES | NO |
| 3. Reading a large-print book, or a large-print newspaper, or large numbers on a telephone?  | YES | NO |
| 4. Recognizing people when they are close to you?  | YES | NO |
| 5. Seeing steps, stairs, or curbs?   | YES | NO |
| 6. Reading traffic signs, street signs, or store signs?                                      | YES | NO |
| 7. Doing fine handwork like sewing, knitting, crocheting, or carpentry?                      | YES | NO |
| 8. Writing checks or filling out forms?  | YES | NO |
| 9. Playing games such as bingo, dominos, or card games?                                      | YES | NO |
| 10. Taking part in sports like bowling, handball, tennis, or golf?                           | YES | NO |
| 11. Cooking?   | YES | NO |
| 12. Watching television?   | YES | NO |

**SYMPTOMS:**

**Have you been bothered by:**

- |   |     |    |
|---|-----|----|
| 1. Poor night vision?                             | YES | NO |
| 2. Seeing rays or halos around lights?            | YES | NO |
| 3. Glare caused by headlights or bright sunlight? | YES | NO |
| 4. Hazy and/or blurry vision?                     | YES | NO |
| 5. Seeing well in poor or dim light?              | YES | NO |
| 6. Poor color 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 have driving **during the day** because of your vision?  
 No difficulty  
 A little difficulty  
 A moderate amount of difficulty  
 A great deal of difficulty
4. How much difficulty do you have driving **at night** because of your vision?  
 No difficulty  
 A little difficulty  
 A moderate amount of difficulty  
 A great deal of difficulty
5. When did you stop driving?  
 Less than 6 months ago  
 6-12 months  
 More than 1 year ago

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more, 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?

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Patient Signature

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Date