

Your name: _____

Date: _____



HORIZON EYE SPECIALISTS
& LASIK CENTER
EYE CARE LIKE NO OTHER

Cataract Evaluation Questionnaire

Do you have difficulty, even with glasses, with the following activities?

- | | | |
|---|-----|----|
| 1. Reading small print (medicine bottles, food labels, newspaper)? | YES | NO |
| 2. Reading traffic signs or street signs? | YES | NO |
| 3. Doing fine handwork like sewing, knitting, or carpentry? | YES | NO |
| 4. Participating in sports activities (ex: not being able to see your golf ball)? | YES | NO |
| 5. Watching television or seeing closed captioning? | YES | NO |

Have you been bothered by:

- | | | |
|---|-----|----|
| 1. Poor night vision? | YES | NO |
| 2. Seeing rings or halos around lights? | YES | NO |
| 3. Glare caused by headlights or bright sunlight? | YES | NO |
| 4. Hazy and/or blurry vision? | YES | NO |

Do you have difficulty driving because of your vision?

- ☐ Yes
☐ No

Do you avoid driving at night because of your vision?

- ☐ Not at all true
☐ Somewhat true
☐ Extremely true

Surgery can often be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more do you feel your vision problem is bad enough to consider cataract surgery now?

- ☐ Yes
☐ No



Please turn over

Cataract Questionnaire



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1. Which best describes you?
 - ☐ Would not mind wearing glasses after surgery
 - ☐ Prefer no glasses after surgery
2. If you **had** to wear glasses after surgery for one range of vision, for which would you be **most** willing to wear glasses?
 - ☐ Distance vision (*driving, golf, tennis, other sports, watching TV*)
 - ☐ Mid-range vision (*computer, menus, cooking, board games*)
 - ☐ Near vision (*reading books, newspapers, detailed handwork*)
3. If you could have good distance and mid-range vision without glasses, but you might see some halos or rings around lights at night, would that be acceptable?
 - ☐ YES
 - ☐ NO
4. If you could have good distance and mid-range vision without glasses, but you might need over-the-counter readers for fine print, would that be acceptable?
 - ☐ YES
 - ☐ NO
5. What is your primary occupation?

6. Please list up to three daily activities/hobbies:

7. Please place an "X" on the following scale to describe your personality:

Easy going

Perfectionist

Signature _____