

Patient Name _____ Date _____

Which eye is being evaluated RT LT BOTH

	Yes	No		Yes	No
Do you take: Flomax	<input type="checkbox"/>	<input type="checkbox"/>	Saw Palmetto	<input type="checkbox"/>	<input type="checkbox"/>
Uraxatrol (Alfuzosin)	<input type="checkbox"/>	<input type="checkbox"/>	Cardura (Doxazosin)	<input type="checkbox"/>	<input type="checkbox"/>
Terazosin (Hytrin)	<input type="checkbox"/>	<input type="checkbox"/>	Rapaflo (Silodosin)	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Reading small print, such as labels?	<input type="checkbox"/>	<input type="checkbox"/>
Reading a newspaper or book?	<input type="checkbox"/>	<input type="checkbox"/>
Reading a large print book?	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing people when they are close to you?	<input type="checkbox"/>	<input type="checkbox"/>
Seeing steps, stairs, street signs, or store signs?	<input type="checkbox"/>	<input type="checkbox"/>
Writing checks or filling out forms?	<input type="checkbox"/>	<input type="checkbox"/>
Poor night vision?	<input type="checkbox"/>	<input type="checkbox"/>
Seeing rings or halos around lights?	<input type="checkbox"/>	<input type="checkbox"/>
Glare caused by headlights or bright sunlight?	<input type="checkbox"/>	<input type="checkbox"/>
Hazy and/or blurry vision?	<input type="checkbox"/>	<input type="checkbox"/>
Poor color vision?	<input type="checkbox"/>	<input type="checkbox"/>

If you drive a car, please answer the following questions.

How much difficulty do you have driving **during the day** because of your vision?
 No difficulty Moderate amount of difficulty Great deal of difficulty

How much difficulty do you have driving **at night** because of your vision?
 No difficulty Moderate amount of difficulty Great deal of difficulty

Cataract surgery can almost always be safely postponed until you feel that stronger glasses aren't improving your vision anymore.

Do you feel that you need cataract surgery? Yes No

Signature: _____

Date: _____

Patient Medical Record Number/Patient ID*:

Practice: Alyson Yashar, MD

Date:

Operating Physician: Yashar, Alyson G.



Pre-Operative Cataract Surgery - Visual Functioning Index (VF-8R) Patient Questionnaire

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

1. Reading small print such as labels on medicine bottles, a telephone book or food labels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
2. Reading a newspaper or book?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
3. Seeing steps, stairs or curbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
4. Reading traffic, street or store signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
5. Doing fine handwork like sewing, knitting, crocheting or carpentry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
6. Writing checks or filling out forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
7. Playing games such as bingo, dominos, card games or mahjong?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	
8. Watching television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If <u>yes</u> , how much difficulty do you currently have?	<input type="checkbox"/> A Little <input type="checkbox"/> A Great Deal	<input type="checkbox"/> A Moderate Amount <input type="checkbox"/> Unable to do the activity	



Cataract and Refractive Lens Exchange Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?

Distance vision (driving, golf, tennis, other sports, watching TV)
 Prefer no **Distance** glasses. I wouldn't mind wearing **Distance** glasses.

Mid-range vision. (computer, menus, price tags, cooking, board games, items on a shelf)
 Prefer no **Mid-range** glasses. I wouldn't mind wearing **Mid-range** glasses.

Near vision (reading books, newspapers, magazines, detailed handwork)
 Prefer no **Near** glasses. I wouldn't mind wearing **Near** glasses.
2. Please check the **single** statement that best describes you in terms of **night vision**:

a. Night vision is extremely important to me, and I require the best possible quality night vision.
 b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
 c. Night vision is not particularly important to me.
3. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses? **Distance Vision.** **Mid-range Vision.** **Near Vision.**
4. If you could have good **Distance Vision during the day without glasses**, and good **Near Vision for reading without glasses**, but the compromise was that you might see some **halos or rings** around lights at night, would you like that option? Yes No
5. If you could have good **Distance vision during the day and night** without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? Yes No
6. Surgery to reduce or eliminate your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract that is covered by insurance. Would you be interested in learning more about this option?
 Yes No Maybe, it depends on how much is covered by insurance.
7. Please place an "X" on the following scale to describe your personality as best you can:
 [-----]-----[-----]
 Easy going Perfectionist

Please Sign Here _____