



Name: _____

Date: _____

VISUAL FUNCTION ASSESSMENT

Decreasing vision can cause changes in your daily life. To help us evaluate your level of visual function, it is important to know how you are doing with your activities. This can help us determine what treatment might be best for you, and if insurance will help cover the cost of treatment.

Is your vision **causing difficulties** (even with glasses or contact lenses) with activities such as:

- | | YES | SOME | NO |
|--|--------------------------|--------------------------|--------------------------|
| 1. Driving during the day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Driving at night? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Reading traffic signs or street signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seeing TV clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Reading a newspaper or book? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reading small print (eg food labels, phonebook)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Reading large print (eg headlines, telephone dials) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Recognizing people's faces? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Seeing steps, stairs, or curbs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Doing fine handiwork (eg sewing, art, carpentry)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Writing checks or filling out forms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Playing table games (eg cards, bingo)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Enjoying sports or recreation (eg tennis, golf)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Doing household activities (eg cooking, cleaning)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you **bothered** by:

- | | YES | SOME | NO |
|---|--------------------------|--------------------------|--------------------------|
| 1. Hazy, foggy, or blurry vision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Car headlights, glare, or halos around lights? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Double vision or ghost images? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bright sunlight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Dim lighting or poor contrast? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cataract surgery can usually be safely postponed until you feel you need better vision, however, if you feel at all bothered by the best vision that glasses can provide, then cataract surgery is a reasonable option. After considering the questions above, please answer the following questions as best you can. We will discuss the options more with you before any final decision is made, however, your responses will help guide you and your doctor to the best decision.

- Do you feel your vision even with glasses is bad enough to consider cataract surgery now?
 YES **NO** **NOT SURE**
- If your vision with glasses or contact lenses is adequate, would you still consider surgery to reduce your dependence on glasses or contacts?
 YES **NO** **NOT SURE**

Please continue on other side



Name: _____

Date: _____

VISION TARGET SURVEY

When a cataract is removed, it is usually replaced with an intraocular lens (IOL) implant that takes the place of the cataract. In some cases, the eye's natural lens can be removed and replaced with an IOL even before a cataract develops, to reduce or eliminate the need for glasses or contacts. IOLs are available in various designs and powers; this survey is designed to help your surgeon select the lens most likely to meet your desired vision target following surgery. **It is important to understand that many patients still need to wear glasses for some activities after successful surgery.** Please answer the following questions as best you can, even if you are not planning on having surgery yet.

- When did you start wearing glasses?
 Childhood Middle age Just recently Don't wear glasses
- How much do you wear glasses now?
 All the time Just for driving Just for reading Don't wear glasses
- Distance vision** usually involves activities such as driving, reading street signs, golf, tennis, going to the theater or sporting events, or watching TV across the room. These are mostly outdoor activities. How important would it be to see well **without glasses** for distance vision?
 Very important Somewhat important Not important
- Middle vision** usually involves activities such as computer work, cooking and eating, shopping, talking to friends, playing cards or board games, and reading menus or price tags. These are mostly indoor activities. How important would it be to see well **without glasses** for middle vision?
 Very important Somewhat important Not important
- Close vision** usually involves activities such as reading, sewing, doing crafts and fine handwork. These are mostly detailed indoor activities. How important would it be to see well **without glasses** for near vision?
 Very important Somewhat important Not important
- If you **had** to wear glasses for one range of vision, where would you be **most willing** to wear glasses?
 Distance (eg driving) Middle (eg computer) Close (eg reading)
- How important is night driving to you?
 Very important Somewhat important Not important
- If you have significant cataracts, surgery to reduce or eliminate your dependence on glasses may be partially covered by insurance. Are you interested in this?
 Yes No Only if fully covered by insurance