Jeffrey D. Horn, MD
VISION FOR LIFE

PATIENT NAME: _____

Cataract Patient Questionnaire

VISUAL FUNCTIONING

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

	YES	NO	
1.	☐	☐	Reading in dim light
2.	☐	☐	Reading small print, such as labels on medicine bottles, telephone books, or food labels?
3.	☐	☐	Reading a newspaper or book?
4.	☐	☐	Reading a large-print book, or large-print newspaper, or large numbers on a telephone?
5.	☐	☐	Recognizing people when they are close to you?
6.	☐	☐	Seeing steps, stairs or curbs?
7.	☐	☐	Reading traffic signs, street signs, or store signs? (example, must get closer to street signs)
8.	☐	☐	Doing fine handwork like sewing, knitting, crocheting or carpentry
9.	☐	☐	Writing checks or filling out forms?
10.	☐	☐	Playing games such as bingo, dominoes or card games?
11.	☐	☐	Taking part in sports like bowling, handball, tennis or golf?
12.	☐	☐	Cooking?
13.	☐	☐	Watching television?
14.	☐	☐	Seeing in the rain, i.e., to drive or dim environments?
15.	☐	☐	Do you feel that good vision without glasses is more important than perfect vision with glasses?

CONTINUED ON BACK

SYMPTOMS

Have you been bothered by:

	YES	NO	
1.	☐	☐	Poor night vision?
2.	☐	☐	Seeing rings or halos around lights?
3.	☐	☐	Glare caused by headlights or bright sunlight?
4.	☐	☐	Hazy and/or blurry vision?
5.	☐	☐	Seeing well in poor or dim light?
6.	☐	☐	Poor color vision?
7.	☐	☐	Double vision?

DRIVING

1. Have you ever driven a car? ☐ **YES** (continue) ☐ **NO** (stop)
2. Do you currently drive a car? ☐ **YES** (continue) ☐ **NO** (stop)
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 ago
   - ☐ More than 1 year ago

PATIENT SIGNATURE: _____

DATE: _____

Dr. Jeffrey Horn, MD, Vision for Life
4230 Harding Pike, Ste G6, Nashville, TN 37205
Ph: 615-329-9575; Fax: 615-329-9991
www.VisionForLife.com