

**PLEASE COMPLETE PRIOR TO YOUR APPOINTMENT AND GIVE TO TECHNICIAN**

Patient Name: \_\_\_\_\_ EMR #: \_\_\_\_\_

Survey Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

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

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