

CATARACT VISUAL ACUITY ASSESSMENT TOOL

Patient Name: _____ DOB: _____

EYE
(check one)

Right Left

Questions for Patient:

Has your vision caused any of the following problems:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Blurred, cloudy vision or changes in color vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Difficulty seeing to drive? | | |
| a. Glare caused by bright sunlight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Difficulty seeing to drive at night? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Seeing rings or halos around lights? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Glare caused by headlights? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty performing daily activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Difficulty reading? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Newspapers or books | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Small print, such as labels on medicine bottles,
telephone books, food labels? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Difficulty seeing at work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Vision worsening in sunlight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Difficulty distinguishing colors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty in depth perception? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Difficulty accomplishing hobbies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Difficulty recognizing people when they are close to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Difficulty doing fine handwork like sewing, knitting,
crocheting, or carpentry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Difficulty watching television? | <input type="checkbox"/> | <input type="checkbox"/> |

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

YES **NO**

Patient Signature _____

Date _____