

Patient Name: \_\_\_\_\_

1. Do you have any difficulty, even with glasses, reading small print such as labels on medicine bottles, a telephone book or food labels?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
2. Do you have difficulty, even with glasses, reading large print books, computers, mobile phones or other screens on devices?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
3. Do you have any difficulty, even with glasses, reading a newspaper or book?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
4. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
5. Do you have any difficulty, even with glasses, reading traffic signs, street signs, or store signs?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
6. Do you have any difficulty, even with glasses, reading box scores and other print on a television or watching television?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
7. Do you have any difficulty, even with glasses, writing checks or filling out forms?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
8. Do you have any difficulty, even with glasses, playing games such as bingo, dominoes, card games or mahjong?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
9. Do you have any difficulty, even with glasses, doing fine handiwork like sewing, knitting, crocheting or carpentry?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
10. Do you have any difficulty, even with glasses, cooking?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
11. Do you have any difficulty, even with glasses, with taking part in sports like bowling, handball, tennis or golf?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
12. Do you have any difficulty, even with glasses, recognizing people when they are close to you?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
13. How much difficulty do you have with driving at night due to your vision?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
14. How much difficulty do you have with driving during the day due to your vision?  
 No     Yes – how much:     A Little     Moderate     Great Amount     Unable to do Activity
15. I feel my vision is bad enough that I need to consider cataract surgery now  
 No     Yes

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

Date: \_\_\_\_\_