



3722

# CATARACT PATIENT QUESTIONNAIRE

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

Do you have difficulty, even with glasses with the following activities?  
Please check one.

**1. Reading small print such as labels on medicine bottles, a telephone book or food labels?**

Yes    No    Not applicable

If yes, how much difficulty do you currently have?

A little                       A moderate amount  
 A great deal  
 Unable to do the activity

**2. Reading a newspaper or book?**

Yes    No    Not applicable

If yes, how much difficulty do you currently have?

A little                       A moderate amount  
 A great deal  
 Unable to do the activity

**3. Seeing steps, stairs or curbs?**

Yes    No    Not applicable

If yes, how much difficulty do you currently have?

A little                       A moderate amount  
 A great deal  
 Unable to do the activity

**4. Reading traffic signs, street signs or store signs?**

Yes    No    Not applicable

If yes, how much difficulty do you currently have?

A little                       A moderate amount  
 A great deal  
 Unable to do the activity

Patient Initials: \_\_\_\_\_



LOMA LINDA  
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<b>5. Driving at night?</b> If yes, how much difficulty do you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <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. Doing fine handwork like sewing, knitting, crocheting or carpentry?</b> If yes, how much difficulty do you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <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. Writing checks or filling out forms?</b> If yes, how much difficulty do you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <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. Playing games such as bingo, dominos, card games or mahjong?</b> If yes, how much difficulty do you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <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>9. Watching television?</b> If yes, how much difficulty do you currently have?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <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

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