

Cataract Evaluation Only: General Functioning Vision Questionnaire

Patient Name: _____ Date of Birth: _____

1. **Do you have any difficulty, even with glasses, reading small print, such as: labels on medicine bottles, a telephone book, food labels?**

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

2. **Do you have any difficult, even with glasses, reading a newspaper or a book?**

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

3. **Do you have any difficulty, even with glasses, reading a large-print book or large-print newspaper or numbers on a telephone?**

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

4. **Do you have any difficulty, even with glasses, recognizing people when they are close to you?**

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

5. **Do you have any difficulty, even with glasses, 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

6. **Do you have any difficulty, even with glasses, 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

7. **Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting, carpentry?**

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

8. Do you have any difficulty, even with glasses, writing checks or filling out forms?

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

9. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games, mahjong?

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

10. Do you have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, or golf?

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

11. Do you have any difficulty, even with glasses, cooking?

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

12. Do you have any difficult, even with glasses, watching television?

YES NO Not Applicable

If yes, how much difficulty do you currently have? A Little A Moderate Amount A Great Deal

13. Do you currently drive a car?

YES (Continue to Question 14) NO (Continue to Question 16 – skip 14 & 15)

14. How much difficulty do you have driving during the day because of your vision?

None A Little A Moderate Amount A Great Deal

15. How much difficulty do you have driving at night due to glares around lights?

None A Little A Moderate Amount A Great Deal

16. Have you ever driven a car?

YES, in the past (Continue to Question 17) NO, never (Skip Questions 17 & 18)

17. If you have driven in the past, when did you stop driving?

Less than 6 Months Ago 6-12 Months Ago More Than 12 Months Ago

18. If you have stopped driving, why did you stop driving?

Vision Other Illness Other: _____