

Patient Medical Record Number/ID #: _____
 Survey Date: _____

Practice: _____
 Operating Physician: _____

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

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

| | |
|--|--|
| 1. Reading small print such as labels on medicine bottles, a telephone book or food labels? | <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 |
| 2. Reading a newspaper or book? | <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 |
| 3. Seeing steps, stairs or curbs? | <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 |
| 4. Reading traffic signs, street signs or store signs? | <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 |
| 5. Doing fine handwork like sewing, knitting, crocheting or carpentry? | <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 |
| 6. Writing checks or filling out forms? | <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 |
| 7. Playing games such as bingo, dominos, card games or mahjong? | <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 |
| 8. Watching television? | <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 |