

Patient Name: \_\_\_\_\_ Practice: Virginia Eye Center, PC

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

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

Do you have difficulty, even with glasses, with the following activities? Please answer for each eye.

	<b>Right Eye</b>	<b>Left Eye</b>
<b>1. Reading small print such as labels on medicine bottles, a telephone book or food labels?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity
<b>2. Reading a newspaper or book?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity
<b>3. Seeing steps, stairs or curbs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity
<b>4. Reading traffic signs, street signs or store signs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity
<b>5. Doing fine handwork like sewing, knitting, crocheting or carpentry?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity
<b>6. Writing checks or filling out forms?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<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 little <input type="checkbox"/> A moderate amount
	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity	<input type="checkbox"/> A Great Deal <input type="checkbox"/> Unable to do the activity

