THANK YOU FOR CHOOSING WOODCLIFF LAKE OPTHALMOLOGY FOR YOUR CATARACT CONSULT

Attached please find three forms to be completed.

Please bring these forms to your cataract consult appointment, along with your insurance cards, a photo ID and a list of medications you are currently taking.

Please arrive 30 minutes earlier than your scheduled time.

If you are a contact lens wearer, please refrain from wearing your lenses for three days prior to your appointment.

If you have any questions, please do not hesitate to call the office at (201) 782-1700.

Thank you
Patient Name ___________________________ Date _____________________

Which eye is being evaluated           □ RT      □ LT      □ BOTH

Do you take:  
- Flomax  □ No  □ Yes  
- Uraxatrol (Alfuzosin)  □ No  □ Yes  
- Terazosin (Hytrin)  □ No  □ Yes

- Saw Palmetto  □ No  □ Yes  
- Cardura (Doxazosin)  □ No  □ Yes  
- Rapaflo (Silodosin)  □ No  □ Yes

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

- Reading small print, such as labels?  □ No  □ Yes
- Reading a newspaper or book?  □ No  □ Yes
- Reading a large print book?  □ No  □ Yes
- Recognizing people when they are close to you?  □ No  □ Yes
- Seeing steps, stairs, street signs, or store signs?  □ No  □ Yes
- Writing checks or filling out forms?  □ No  □ Yes
- Poor night vision?  □ No  □ Yes
- Seeing rings or halos around lights?  □ No  □ Yes
- Glare caused by headlights or bright sunlight?  □ No  □ Yes
- Hazy and/or blurry vision?  □ No  □ Yes
- Poor color vision?  □ No  □ Yes

If you drive a car, please answer the following questions.

How much difficulty do you have driving during the day because of your vision?
□ No difficulty     □ Moderate amount of difficulty     □ Great deal of difficulty

How much difficulty do you have driving at night because of your vision?
□ No difficulty     □ Moderate amount of difficulty     □ Great deal of difficulty

Cataract surgery can almost always be safely postponed until you feel that stronger glasses aren’t improving your vision anymore.

Do you feel that you need cataract surgery?  □ Yes  □ No

Signature:__________________________________________  Date:____________________
### Pre-Operative Cataract Surgery - Visual Functioning Index (VF-8R) Patient Questionnaire

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading small print such as labels on medicine bottles, a telephone book or food labels?</td>
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<tr>
<td>If yes, how much difficulty do you currently have?</td>
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<td>2. Reading a newspaper or book?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>3. Seeing steps, stairs or curbs?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>4. Reading traffic, street or store signs?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>5. Doing fine handwork like sewing, knitting, crocheting or carpentry?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>6. Writing checks or filling out forms?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>7. Playing games such as bingo, dominoes, card games or mahjong?</td>
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<td>If yes, how much difficulty do you currently have?</td>
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<td>8. Watching television?</td>
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<tr>
<td>If yes, how much difficulty do you currently have?</td>
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</table>
Cataract and Refractive Lens Exchange Questionnaire

The term “cataract” refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill out this form completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. After surgery, would you be interested in seeing well without glasses in the following situations?
   **Distance vision** (driving, golf, tennis, other sports, watching TV)
   ____ Prefer no **Distance** glasses. ____ I wouldn’t mind wearing **Distance** glasses.

   **Mid-range** vision. (computer, menus, price tags, cooking, board games, items on a shelf)
   ____ Prefer no **Mid-range** glasses. ____ I wouldn’t mind wearing **Mid-range** glasses.

   **Near** vision (reading books, newspapers, magazines, detailed handwork)
   ____ Prefer no **Near** glasses. ____ I wouldn’t mind wearing **Near** glasses.

2. Please check the single statement that best describes you in terms of **night vision**:
   ____ a. Night vision is extremely important to me, and I require the best possible quality night vision.
   ____ b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
   ____ c. Night vision is not particularly important to me.

3. If you **had** to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses? ____ **Distance Vision.** ____ **Mid-range Vision.** ____ **Near Vision.**

4. If you could have good **Distance Vision** during the day without glasses, and good **Near Vision** for reading without glasses, but the compromise was that you might see some halos or rings around lights at night, would you like that option? ____ Yes ____ No

5. If you could have good **Distance vision** during the day and night without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? ____ Yes ____ No

6. Surgery to reduce or eliminate your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract that is covered by insurance. Would you be interested in learning more about this option? ____ Yes ____ No ____ Maybe, it depends on how much is covered by insurance.

7. Please place an “X” on the following scale to describe your personality as best you can:

[----------------------------------------] [----------------------------------------]
Easy going

Perfectionist

Please Sign Here