Meadville Ophthalmology Associates
390 Linden Street
Meadville PA, 16335
(814) 724-8276

Valley Ophthalmology Associates
350 Sharon-New Castle Rd
Farrell, PA 16121
(724)979-4008

PRE-CATARACT SURGERY LIFESTYLE QUESTIONNAIRE

Name:_____ Date of Birth: _____ Today's Date:_____

Do you have difficulty, **EVEN WITH GLASSES**, with the following activities? Please answer these questions pertaining to the eye with the worst vision, not both eyes seeing together.

1. Reading small print such as medicine bottle labels, a telephone book or texts on your cell phone?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
2. Reading a newspaper, book, or restaurant menu?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
3. Driving (nighttime, glares, halos, etc.)?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do 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 ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
5. Performing hobbies (computer, crafts, sports, etc.)?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
6. Writing checks or filling out forms?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
7. Playing games such as bingo, dominos or crossword puzzles?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity
8. Watching television (TV guide, weather, sports, news scrolls)?	☐ Yes ☐ No ☐ Not applicable
If yes, how much difficulty do you currently have?	☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity

SURGICAL GOALS:
I want to improve my vision and I:
□ would be happy to wear glasses all the time
□ would like to have good distance vision without glasses and wear glasses for computer and reading
□ would like to have good distance and near vision without glasses and rely very little on glasses

Patient Signature: _____