

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?

<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
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	
<b>2. Reading a newspaper or book?</b>	<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	
<b>3. Seeing steps, stairs or curbs?</b>	<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	
<b>4. Reading traffic signs, street signs or store signs?</b>	<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	
<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
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	
<b>6. Writing checks or filling out forms?</b>	<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	
<b>7. Playing games such as bingo, dominos, card games or mahjong?</b>	<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	
<b>8. Watching television?</b>	<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	