

Cataract Removal Questionnaire

Member Name	
Member Number	

How well can you see? Do you have problems...

Recognizing people when they are close to you? Yes \square No \square
Reading small print, pill bottle labels or the telephone book? Yes \square No \square
Reading a newspaper or book? Yes □ No □
Reading a large print book or large print newspapers or numbers? Yes \square No \square
Recognizing people when they are close to you? Yes \square No \square
Seeing steps, stairs or curbs? Yes □ No □
Reading traffic signs, street signs, or store signs? Yes \square No \square
Writing checks or filling out forms? Yes □ No □
Playing games such as bingo, dominos or card games? Yes \square No \square
Shaving or putting on your make up? Yes □ No □
Cooking? Yes □ No □

Problems Seeing?

Poor night vision? Yes □ No □
Seeing rings or halos around lights at night while driving? Yes \square No \square
Glare caused by headlights or bright sunlight? Yes □ No □
Hazy and/or blurry vision? Yes □ No □
Seeing well in poor or dim light? Yes □ No □
Poor color vision? Yes □ No □
Double vision? Yes □ No □ Problems Driving?
Do you currently drive a car? Yes □ No □
Do you do a lot of night driving? Yes □ No □ N/A □
How much difficulty do you have driving during the day because of your vision? Yes \square No \square N/A \square
How much difficulty do you have driving at night because of your vision? Yes \square No \square N/A \square
When did you stop driving?

Tell us about yourself

Date/	
Member Signature	
Do <u>you feel</u> you've explored all of your options and your vision problem is bad enough that you need cataract removal surgery now? Yes \square No \square	
According to Medicare, cataracts should only be removed if stronger glasses won't fix your problem or if the cataracts could be harmful to you. Your Doctor should explain that typically cataract surgery can be postponed until they confirm that your vision issues are not related to something else.	
What are your specific vision concerns?	
Over your lifetime, have you generally been satisfied with your vision with prescription glasses? Yes \square No \square N/A \square	
Do you wear progressive/no-line bifocals now? Yes □ No □ N/A □	
Have you ever tried monovision contact lenses? Yes □ No □ N/A □	
Do you do a lot of close detailed work ? Yes □ No □ N/A □	
Do you use a computer frequently? Yes □ No □ N/A □	

they are offered. Enrollment in these plans depends on contract renewal.