

Barth Vision and Optical-Visual Function Questionnaire

If we know what you use your eyes for and special needs or frustrations, we can better target your cataract surgery consultation. If you could please answer these questions this will help us determine the best lens for you.

1. Do you have any difficulty, even with glasses, reading small print such as labels on medicine bottles, a telephone book or food labels?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

2. Do you have any difficulty, even with glasses, reading a newspaper or book?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

3. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

4. Do you have any difficulty, even with glasses, reading traffic signs, street signs, store signs or watching TV?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

5. Do you have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting or carpentry?

Yes _____ No _____ Not applicable _____

If yes, how much difficulty do you currently have?

1. A little
2. A moderate amount
3. A great deal
4. Are you unable to do the activity?

Signature

Date

Printed Name