

**Alexandria Eye Clinic, PA**  
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**Cataract Questionnaire**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. Do you have 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. 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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

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

YES                      NO                      NOT APPLICABLE

If yes, how much difficulty do you currently have?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

**PLEASE TURN OVER FOR ADDITIONAL QUESTIONS**

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?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

6. Do you have any difficulty, even with glasses, writing checks or filling out forms?

YES

NO

NOT APPLICABLE

If yes, how much difficulty do you currently have?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

7. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, card games or mahjong?

YES

NO

NOT APPLICABLE

If yes, how much difficulty do you currently have?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

8. Do you have any difficulty, even with glasses, watching television?

YES

NO

NOT APPLICABLE

If yes, how much difficulty do you currently have?

- a. A little
- b. A moderate amount
- c. A great deal
- d. Are you unable to do the activity?

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_