

VF-14 QUESTIONNAIRE FOR PATIENTS WITH CATARACTS

NAME: _____

This form is required by your insurance to show the necessity for cataract surgery. Your insurance will not pay for your surgery if it is deemed "not medically necessary."

DOB: _____

Please read each question carefully and answer questions 1-12 using the numeric key provided here →

RESPONSE	POINTS
Yes, unable to do the activity	0
Yes, with a great deal of difficulty	1
Yes, with a moderate amount of difficulty	2
Yes, with a little difficulty	3
No difficulty	4
Not applicable	NA

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

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

____ 3. Do you have any difficulty, even with glasses, reading a large-print book or large-print newspaper or numbers on a telephone?

____ 4. Do you have any difficulty, even with glasses, recognizing people when they are close to you?

____ 5. Do you have any difficulty, even with glasses, seeing steps, stairs or curbs?

____ 6. Do you have any difficulty, even with glasses, reading traffic signs, street signs, or store signs?

____ 7. Do you have any difficulty, even with glasses, doing fine handwork like sewing, crocheting, or carpentry?

____ 8. Do you have any difficulty, even with glasses, writing checks or filling out forms?

____ 9. Do you have any difficulty, even with glasses, playing games such as bingo, dominos, or card games?

____ 10. Do you have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, golf?

____ 11. Do you have any difficulty, even with glasses, cooking?

____ 12. Do you have any difficulty, even with glasses, watching television?

____ 13. Do you currently drive a car? (Yes/No)

- ◆ if **Yes**, go to 14
- ◆ if **No**, go to 16

____ 14. How much difficulty do you have driving during the day because of your vision?

- ◆ no difficulty (4 points)
- ◆ a little difficulty (3 points)
- ◆ a moderate amount of difficulty (2 points)
- ◆ a great deal of difficulty (1 point)

____ 15. How much difficulty do you have driving at night because of your vision?

- ◆ no difficulty (4 points)
- ◆ a little difficulty (3 points)
- ◆ a moderate amount of difficulty (2 points)
- ◆ a great deal of difficulty (1 point)

____ 16. Have you ever driven a car? (Yes/No)

- ◆ if Yes and currently driving, **you're done with this questionnaire.**
- ◆ if Yes and had to STOP driving, go to 17
- ◆ if No, **you're done with this questionnaire.**

17. When did you stop driving? (circle one)

- ◆ less than 6 months ago
- ◆ 6-12 months ago
- ◆ more than 12 months ago

18. Why did you stop driving? (circle one)

- ◆ vision
- ◆ other illness
- ◆ other reason