PRE OPERATIVE QUESTIONNAIRE

Patient	details
Name:	

Address:

D.O.B:



The aim of this questionnaire is to establish what difficulties you have in your daily life due to impaired sight. So that we can develop our healthcare as well as possible we are keen for you to answer the questions in the questionnaire as honestly as you can.

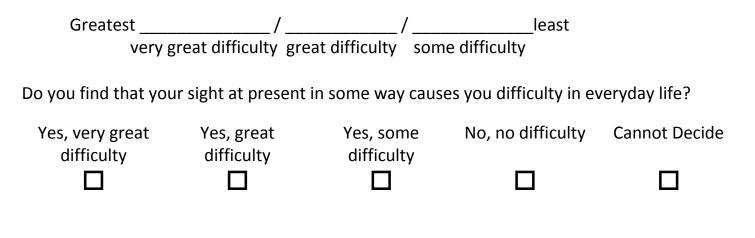
The questionnaire contains questions about your difficulties due to impaired sight in connection with certain everyday tasks <u>in your affected eye</u>. If you use glasses for distance and/or close-up purposes, the questions are about your vision <u>when you are wearing glasses</u> (spectacles) you see best with.

The questions in this questionnaire apply to your situation during the past 6 months or so. We will ask you to complete a further questionnaire after your operation.

When you answer the questions on the next page you must try to think only of the difficulties that your sight may be causing you. We appreciate that it may be difficult to decide just what your sight means to you if you also have other problems such as joint pains or dizziness for example. We would still ask you to try to answer how important you think your sight is in your ability to perform the following tasks.

When you are asked to state your difficulties, we have given three response options. We call them very great difficulty, great difficulty and some difficulty. Different people may put things differently. Try to see the three response options as three equal size parts of a scale ranging from the greatest to the least difficulty caused by your sight in performing various activities.

An example of how we envisage the scale with the different response about difficulty options:



Are you satisfied or dissatisfied with your sight at present?

Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied	Cannot decide

Do you have difficulty with the following activities because of your sight? If so, to what extent? In each row place just one tick in the box which you think best corresponds to your situation:

	Yes, very great difficulty	Yes, great difficulty	Yes <i>,</i> some difficulty	No, no difficulty	Cannot Decide
Reading text in					
Newspapers					
Recognising					
faces of					
people you					
meet					
Seeing the					
prices of					
goods when	_		_		—
shopping					
Seeing to walk	_	_	_	_	_
on uneven					
surfaces					
Seeing to do	-	-	-	-	-
handicrafts,					
woodwork etc					
Reading subtitles on					
TV					
Seeing to					
engage in an					
activity/hobby					
that you are					
interested in					

My optometrist has explained to me in general terms the risks and benefits issues associated with cataract surgery. I would like to go ahead with a referral for assessment in the Hospital Eye Service with a view to cataract surgery.

Signed...... Date /