



HARKINS EYE CLINIC

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PRE-YAG CAPSULOTOMY PATIENT QUESTIONNAIRE

Patient name: _____ Chart # _____

Eye being evaluated: Right _____ Left _____

VISUAL FUNCTIONING:

Do you have difficulty, even with glasses, with the following activities?

- | | | |
|-------------------------------------------------------------------|---|---|
| 1. Seeing clearly in bright lights (e.g. bright sunlight)? | Y | N |
| 2. Seeing to drive at dusk or in the dark? | Y | N |
| 3. Recognizing people when they are close to you? | Y | N |
| 4. Reading traffic signs, street signs, or store signs? | Y | N |
| 5. Doing fine handwork (sewing, knitting, crocheting, carpentry)? | Y | N |
| 6. Watching television? | Y | N |
| 7. Reading small print? | Y | N |

SYMPTOMS:

Have you been bothered by:

- | | | |
|---------------------------------------------------|---|---|
| 1. Poor night vision? | Y | N |
| 2. Seeing rings or halos around lights? | Y | N |
| 3. Glare caused by headlights or bright sunlight? | Y | N |
| 4. Hazy and/or blurry vision? | Y | N |
| 5. Seeing well in poor or dim light? | Y | N |
| 6. Poor color vision? | Y | N |
| 7. Double vision? | Y | N |

YAG laser capsulotomy can almost always be safely postponed until you feel you need better vision. If stronger glasses will not improve your vision any more, and if the only way to help you see better is YAG laser surgery, do you feel your vision problem is bad enough to consider laser surgery now?

Y N

Patient signature _____ Date _____