



Survey Form for Cataract Surgery to be completed by Ophthalmologist

Clinical Section—

1. Name of Patient
2. Age of patient
3. Diagnosis (including type of cataract, unilateral/bilateral)

4. Surgery related complications

5. Visual acuity—

Pre-operative (include date):

Post-operative follow-up visit 3 (include date):

Patient Information Section–

1. If there are children in the home, do you help with child care?
(Babysitting, bathing, changing, teaching, dressing)

Pre-operative Visit: <least>1 2 3 4 5 6 7 8 9 10<most>

Post-operative Visit 3: <least>1 2 3 4 5 6 7 8 9 10<most>

2. Does anybody in the home assist you with everyday tasks?

Pre-operative Visit: <least assistance>1 2 3 4 5 6 7 8 9 10<most assistance>

Post-operative Visit 3: <least assistance>1 2 3 4 5 6 7 8 9 10<most assistance>

3. Do you cook for the family regularly?

Pre-operative Visit: <least cooking>1 2 3 4 5 6 7 8 9 10<most cooking>

Post-operative Visit 3: <least cooking>1 2 3 4 5 6 7 8 9 10<most cooking>

4. Do you clean the house regularly?

Pre-operative Visit: <least cleaning>1 2 3 4 5 6 7 8 9 10<most cleaning>

Post-operative Visit 3: <least cleaning>1 2 3 4 5 6 7 8 9 10<most cleaning>

5. Do you do laundry regularly?

Pre-operative Visit: <least>1 2 3 4 5 6 7 8 9 10<most>

Post-operative Visit 3: <least>1 2 3 4 5 6 7 8 9 10<most>

6. Do you sew and repair clothing, when necessary?

Pre-operative Visit: <least>1 2 3 4 5 6 7 8 9 10<most>

Post-operative Visit 3: <least>1 2 3 4 5 6 7 8 9 10<most>

7. Do you do other housework regularly?

Pre-operative Visit: <least>1 2 3 4 5 6 7 8 9 10<most>

Post-operative Visit 3: <least>1 2 3 4 5 6 7 8 9 10<most>

8. Does anybody help you read?

Pre-operative Visit: <least help>1 2 3 4 5 6 7 8 9 10<most help>

Post-operative Visit 3: <least help>1 2 3 4 5 6 7 8 9 10<most help>