

MONTEREY BAY
EYE CENTER

SAMPLE PRE-YAG CAPSULOTOMY PATIENT QUESTIONNAIRE

Patient Name: _____

Chart Number: _____ Eye Being Evaluated: RE LE

Visual Functioning:

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

1. Seeing clearly in bright lights (e.g., bright sunlight)? Yes No
2. Seeing to drive at dusk or in the dark? Yes No
3. Recognizing people when they are close to you? Yes No
4. Reading traffic signs, street signs, or store signs? Yes No
5. Doing fine handwork like sewing, knitting, crocheting, or carpentry? Yes No
6. Watching television? Yes No

Symptoms:

Have you been bothered by:

1. Poor night vision? Yes No
2. Seeing rings or halos around lights? Yes No
3. Glare caused by headlights or bright sunlight? Yes No
4. Hazy and/or blurry vision? Yes No
5. Seeing well in poor or dim light? Yes No
6. Poor color vision? Yes No
7. Double vision? Yes No

YAG laser capsulotomy can almost always be safely postponed until you feel you need better vision. If stronger glasses will not improve your vision anymore, 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? Yes No

Patient Signature: _____ Date: _____

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