SOUTHERN EYE ASSOCIATES
EYE SURGERY CENTER OF ARKANSAS

VISUAL FUNCTIONING INDEX (VF-8R) QUESTIONNAIRE

Patient Name_____
Medical Record Number _____
Date_____

Pre Cataract Surgery ☐
Post Cataract Surgery ☐

1. If it were possible, would you like to be free of glasses for most activities?
   - ☐ Yes, I'd rather not depend on glasses
   - ☐ No, I don't mind wearing glasses

Please check all that apply to you

____ Blurry Vision	____ Seeing in dim light
____ Hazy Vision	____Halos
____ Glare	____ Rings or Stars around lights
____ Poor Night Vision	____ Frequent Changes in glasses

2. **Even with glasses**, do you have difficulty doing the following activities?

	NO	LITTLE	MODERATE	ALWAYS	UNABLE TO
Reading small print	☐	☐	☐	☐	☐
Reading newspaper/book	☐	☐	☐	☐	☐
Seeing steps/ stairs/curbs	☐	☐	☐	☐	☐
Reading traffic signs/street signs/store signs	☐	☐	☐	☐	☐
Doing fine handwork Sewing/knitting/crocheting/carpentry	☐	☐	☐	☐	☐
Playing games bingo/dominos, card games/mahjong	☐	☐	☐	☐	☐
Watching television	☐	☐	☐	☐	☐

3. If you wear contacts, have you tried one contact for distance and one for near?
   - ☐ Yes
   - ☐ No
   - ☐ Not applicable
4. Are you happy with your vision?
   - ☐ Yes
   - ☐ No
5. How would your friends and family describe your personality?

Easygoing **1** **2** **3** **4** **5** Perfectionist

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To Do Check List

All patients scheduled for an appointment please collect and bring the following:

- ☐ Insurance cards
- ☐ List of medications
- ☐ Patient Information form (Front and Back)
- ☐ Release Information form
- ☐ E Prescription form
- ☐ Medical History Questionnaire form (Front and Back)
- ☐ Bring your most current glasses with you to appointment

Additionally, if you are scheduled for a cataract evaluation:

- ☐ Please review the Cataract Surgery Options sheet
- ☐ Complete the Visual Functioning Index Patient Questionnaire
- ☐ Discontinue wearing contacts two weeks prior to your cataract evaluation appointment