



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

_____ Hazy Vision

_____ Glare

_____ Poor Night Vision

_____ Seeing in dim light

_____ Halos

_____ Rings or Stars around lights

_____ 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

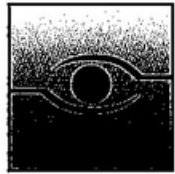
4. Are you happy with your vision?

☐ Yes

☐ No

5. How would your friends and family describe your personality?

Easygoing 1 2 3 4 5 Perfectionist



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**EYE SURGERY CENTER OF ARKANSAS
LASER VISION CORRECTION CENTER**

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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