



Visual Functioning Index

Patient Name _____ Date _____

Completing this form will help you satisfy the requirement of insurance companies regarding coverage for medically necessary cataract surgery.

Please answer these nine questions to the best of your ability.

Do you have any difficulty, even with glasses...

- 1) using your phone..... Yes No
- 2) reading a book or food labels?..... Yes No
- 3) needing more light to read?..... Yes No
- 4) using a tablet, laptop or desktop computer?..... Yes No
- 5) watching TV or reading onscreen text?..... Yes No
- 6) performing enjoyable hobbies?..... Yes No
- 7) driving, or seeing traffic or street signs? Yes No
- 8) driving due to glare or halo around headlights at night?..... Yes No
- 9) feeling off balance due to the difference between eyes?..... Yes No

Comments: _____



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