



## Cataract Removal Questionnaire

Member Name	
Member Number	

### How well can you see? Do you have problems...

Recognizing people when they are close to you?

Yes  No

Reading small print, pill bottle labels or the telephone book?

Yes  No

Reading a newspaper or book?

Yes  No

Reading a large print book or large print newspapers or numbers?

Yes  No

Recognizing people when they are close to you?

Yes  No

Seeing steps, stairs or curbs?

Yes  No

Reading traffic signs, street signs, or store signs?

Yes  No

Writing checks or filling out forms?

Yes  No

Playing games such as bingo, dominos or card games?

Yes  No

Shaving or putting on your make up?

Yes  No

Cooking?

Yes  No



Gateway Health  
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**Problems Seeing?**

Poor night vision?

Yes  No

Seeing rings or halos around lights at night while driving?

Yes  No

Glare caused by headlights or bright sunlight?

Yes  No

Hazy and/or blurry vision?

Yes  No

Seeing well in poor or dim light?

Yes  No

Poor color vision?

Yes  No

Double vision?

Yes  No

## **Problems Driving?**

Do you currently drive a car?

Yes  No

Do you do a lot of night driving?

Yes  No  N/A

How much difficulty do you have **driving during the day** because of your vision?

Yes  No  N/A

How much difficulty do you have **driving at night** because of your vision?

Yes  No  N/A

When did you stop driving? \_\_\_\_\_



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Tell us about you

Do you use a **computer** frequently?

Yes  No  N/A

Do you do a lot of **close detailed work**?

Yes  No  N/A

Have you ever tried **monovision** contact lenses?

Yes  No  N/A

Do you wear progressive/no-line **bifocals** now?

Yes  No  N/A

Over your lifetime, have you generally been **satisfied with your vision with prescription glasses**?

Yes  No  N/A

What are your specific vision concerns?

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According to Medicare, cataracts should only be removed if stronger glasses won't fix your problem or if the cataracts could be harmful to you. Your Doctor should explain that typically cataract surgery can be postponed until they confirm that your vision issues are not related to something else.

**Do you feel you've explored all of your options and your vision problem is bad enough that you need cataract removal surgery now?**

Yes  No

**Member Signature**

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**Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gateway Health<sup>SM</sup> offers HMO plans with a Medicare Contract. Some Gateway Health plans have a contract with Medicaid in the states where they are offered. Enrollment in these plans depends on contract renewal.