

YAG Vitreolysis Patient Questionnaire

Patient Name: _____

Chart #: _____

Eye(s): Right Left Both

Laser Vitreolysis, is a highly effective, outpatient-based procedure, which involves the use of a YAG laser to vaporize certain vitreous strands, opacities, and some floaters that can interfere with your daily life.

Please answer the following:

1. How long have you noticed the opacity interfering with your vision? (Circle answer)
Less than 3 months 3-6 months 6-12 months Greater than 12 months
2. Do you experience “moving shadows” in your vision? YES NO
3. Do you have difficulty with the following activities due to the opacity in your vision?
 - a. Driving? YES NO
 - b. Reading? YES NO
 - c. Computer? YES NO
 - d. Performing near work? (i.e. cooking, sewing, or using hand tools) YES NO
 - e. Other: Please List _____
4. If you are a candidate, do you feel that the vitreous opacity limits your quality of life enough to proceed with laser treatment? YES NO

Patient Signature: _____ Date: _____

*The goal of treatment is to achieve a “functional improvement” by minimizing symptoms. You should not expect complete resolution of the opacity. More than one treatment session may be necessary to achieve a satisfactory result. The duration of each treatment session will also vary, depending on the density, location, size, and number of floaters.

