



Surname and Forename:

Address:

Email: Date of Birth:

Home Phone Number: Mobile:

Occupation: Insurance:

◆ During which activity do the floaters bother you the most?

.....

◆ When do you suffer from floaters?

◆ In which eye is the complaint the worst? ☐ right eye ☐ left eye

◆ Do you take any regular medication? ☐ yes ☐ no

☐ Blood thinners: ☐ Eye drops/ointment:

☐ Other:

◆ Eye colour:

◆ Eyeglass prescription: Right eye:

Left eye:

◆ Do you suffer from any illness? ☐ Diabetes ☐ High Blood Pressure ☐ Other:

◆ With which ophthalmologist are you currently undergoing treatment?

.....

◆ Have you had any corrective surgery?

☐ Refractive surgery (LASIK, LASEK, SMILE or other)

What was your glasses prescription before the surgery? right eye left eye

☐ Cataract operation ☐ Retina operation ☐ Other:

Date:

Signature:





Drawing of your Floaters

Right Eye

Surname and Forename: Date of Birth:

Could you do a drawing of your floaters - the more precisely you can show the floater, the easier it will be to identify it during laser treatment.

Drawing created on (Date):





Drawing of your Floaters

Left eye

Surname and Forename: Date of Birth:

Could you do a drawing of your floaters - the more precisely you can show the floater, the easier it will be to identify it during laser treatment.

Drawing created on (Date):





Trajectory of the floaters in your field of vision during eye movements

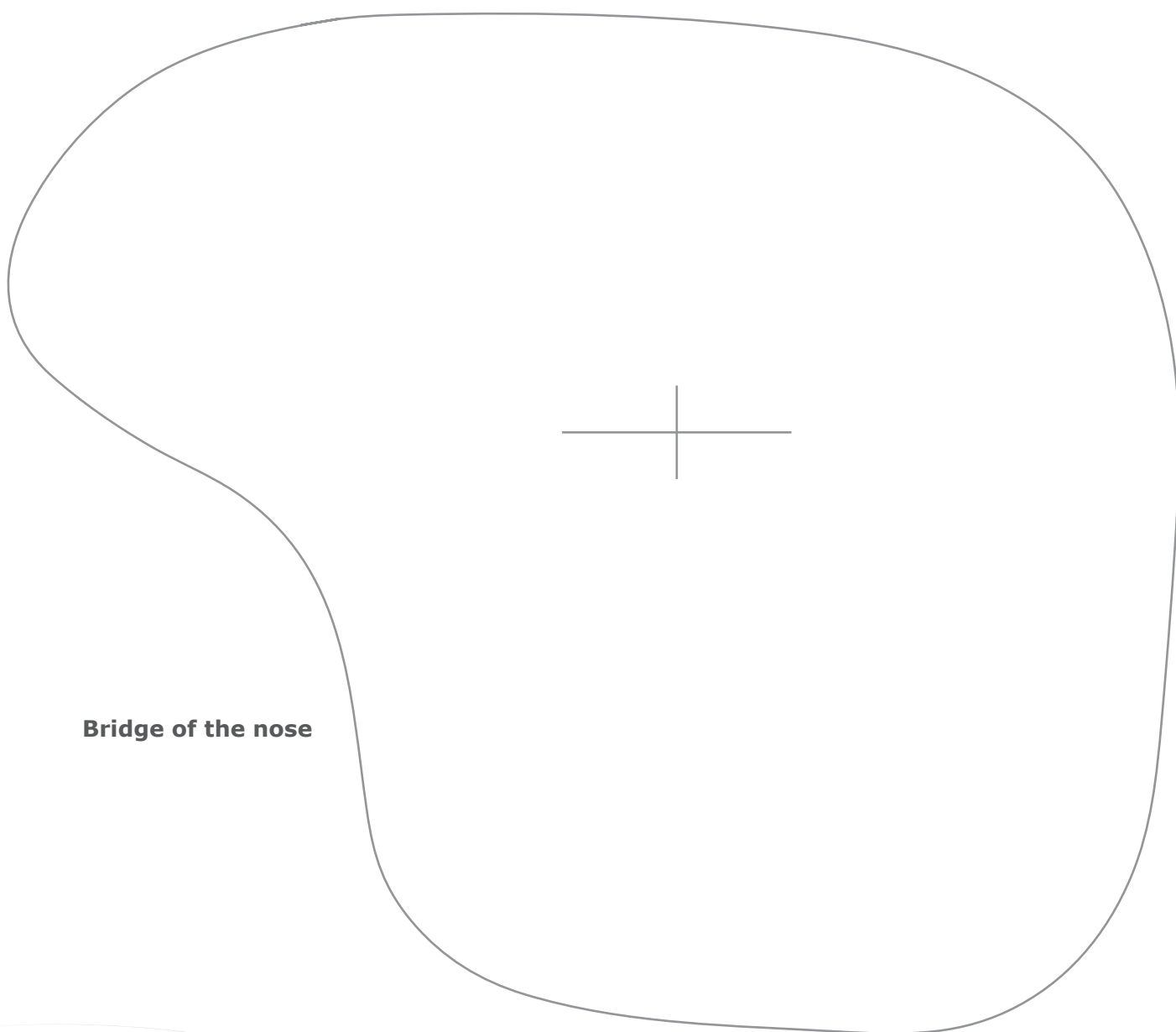
Right eye

Surname and Forename: Date of Birth:

Could you do a drawing of your floaters - the more precisely you can show the floater, the easier it will be to identify it during laser treatment.

Drawing created on (Date):

Field of vision right eye



Bridge of the nose





Trajectory of the floaters in your field of vision during eye movements

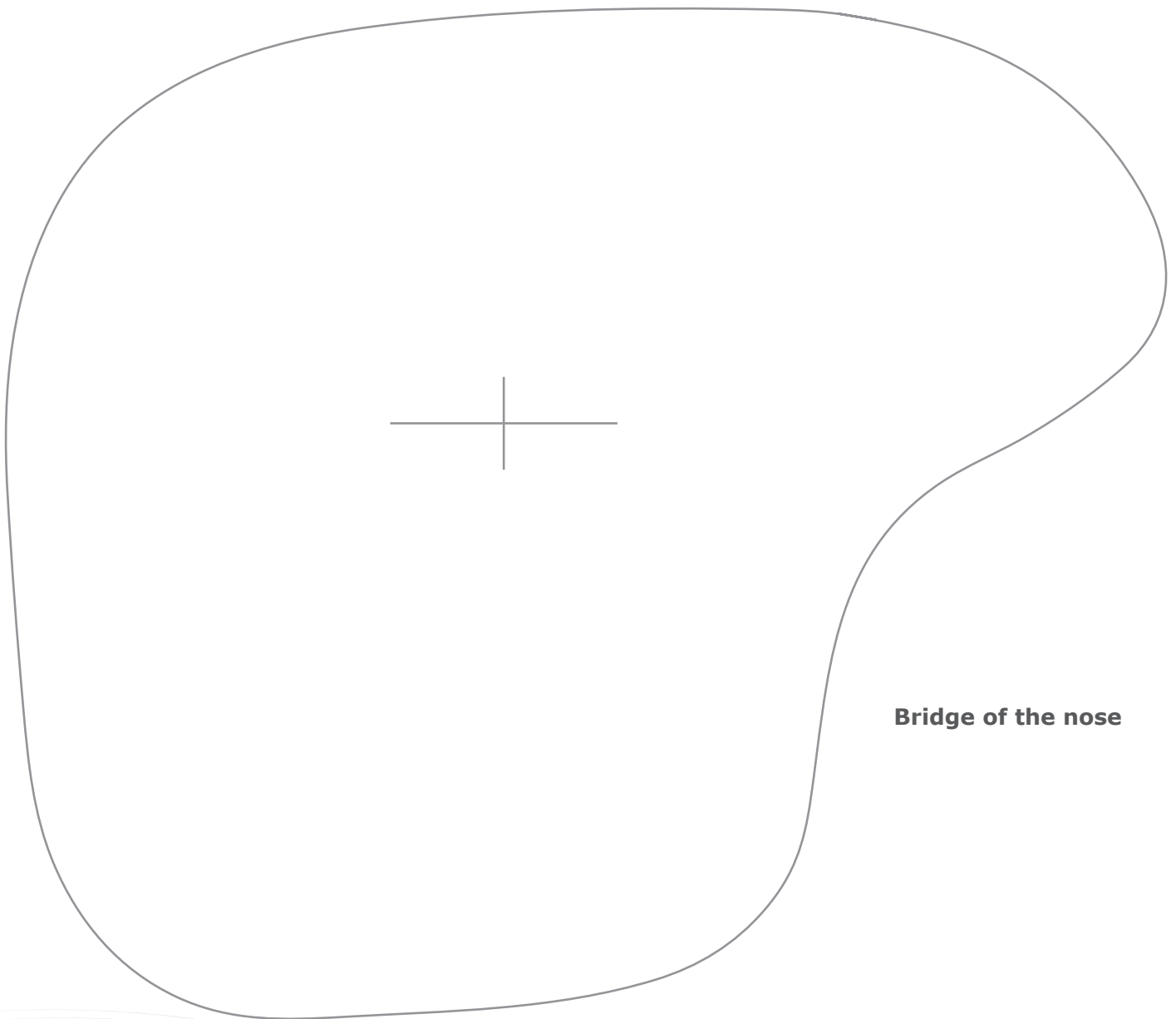
Left eye

Surname and Forename: Date of Birth:

Could you do a drawing of your floaters - the more precise you can show the floater, the easier it will be to identify it during laser treatment.

Drawing created on (Date):

Field of vision left eye



Bridge of the nose





How much subjective distress do the floaters cause you?

In 2011, the ophthalmologists Wagle et al. from Singapore published a study in which they measured the suffering of floater patients. The question was always: „If you left this clinic today without any complaints, what percentage of your remaining lifetime would you sacrifice for it?“ This question is very provocative. Here is a detailed explanation. For example, you are currently 35 years old. You don't know if you will live to the age of 40 or 80. So it could be for only another 5 years or maybe another 45 years. How much of this remaining time would you be willing to give in return for being completely free of floater complaints?

The average result was found to be 11%. This compares closely to sufferers of other serious diseases. Patients who have an asymptomatic HIV infection or have had a mild stroke report a score of 13%.

This study has been a source of astonishment to ophthalmologists in recent years (Reference: Ajeet M. Wagle et al., Utility Values Associated With Vitreous Floaters, Am J Ophthalmol 2011.01.026 / PDF 04). This proves that one does not do justice to one's patients by simply describing them as general complaints in the patient's overall state of health. In order for me to better understand your situation, I ask you to calmly consider what answer you would have given in this study. My treatment strategy depends on your assessment.

Your personal WAGLE value:% lifetime

