

Vision Preference Questionnaire

Name _____

Date _____

Occupation/Hobbies _____

In preparation for your cataract surgery, it is important to consider your individual vision and lifestyle preferences. Although it has not yet been determined which type of lens implant you are a candidate for, this questionnaire will help us make a recommendation to you at your upcoming preoperative appointment.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?

Distance vision (driving, golf/tennis, other sports, watching movies, watching TV)

- Prefer no **Distance** glasses I wouldn't mind wearing **Distance** glasses

Mid-range vision (computer, menus, price tags, cooking, item on a store shelf)

- Prefer no **Mid-range** glasses I wouldn't mind wearing **Mid-range** glasses

Near vision (reading books/magazines/newspapers, sewing, crossword puzzle)

- Prefer no **Near** glasses I wouldn't mind wearing **Near** glasses

2. Please check the **single** statement that best describes your **night vision** needs:

- a. Night vision is extremely important, and I require the best possible quality night vision.
 b. I want to be able to drive comfortably at night, but I would tolerate some imperfections.
 c. Night vision is not particularly important for me.

3. If you **had** to wear glasses after surgery, for which activity would you be **most** willing to use glasses?

- Distance vision** **Mid-range vision** **Near vision**

4. If you could have good **Distance vision during the day without glasses** and good **Near vision for reading without glasses**, but the compromise was that you might see some **haloes or rings** around lights at night, would you like that option? Yes No

5. If you could have good **Distance vision during the day without glasses** and good **Mid-range vision without glasses**, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? Yes No

6. Please place an "X" on the following scale to describe your personality as best you can:

Easygoing

Perfectionist

Please sign below and present this to the assistant or doctor at your pre-op visit.

Patient Signature: _____

Doctor Recommendation: Monofocal Toric Multifocal low/med/high add

Physician
MR SP