

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. Would you like glasses-free distance vision?
 Yes No
2. Would you like to see up close without glasses?
 Yes No
3. If you HAVE TO wear glasses after surgery for ONE of the zones below, which zone would you prefer?

<input type="checkbox"/> Zone 1 (12 – 20 in)	<input type="checkbox"/> Zone 2 (15-24 in)	<input type="checkbox"/> Zone 3 (6-20 ft)
Reading	Shaving	Driving
Sewing	Computer, Cell phone	Watching TV
Applying make-up	Labels on store shelves	Watching movies
Crossword puzzles	Cooking	Golf/Tennis

4. If, after cataract surgery, you could see far *and* near without glasses, but the trade-off was that you would see halos around headlights, would you find this acceptable?
 Yes No

5. Place an "X" on the following scale to describe your personality

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

Physician
MR SP