

Cataract and refractive lens exchange questionnaire

This questionnaire is designed to help us determine the best treatment for you, based on your requirements and lifestyle. Please be aware that many patients still need to wear glasses for some activities after surgery - we can advise further if this is likely to apply to you.

If you have any questions at all, please ask.

Date:

Name:

1. After surgery, do you want to see well without glasses in the following situations?

Distance vision (driving, golf, tennis, sports, watching TV)

Prefer no distance glasses. I wouldn't mind wearing distance glasses.

Mid-range vision (computer, menus, price tags, cooking, board games, items on a shelf)

Prefer no mid-range glasses. I wouldn't mind wearing mid-range glasses.

Near vision (reading books, newspapers, magazines, detailed handwork)

Prefer no near glasses. I wouldn't mind wearing near glasses.

2. Please tick one statement that best describes you in terms of night vision:

a. Night vision is extremely important to me, 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 slight imperfections.

c. Night vision is not particularly important to me.

3. If you had to wear glasses after surgery for one activity, 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 halos or rings around lights at night, would you like that option? Yes No

5. If you could have good distance vision during the day and night 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. Surgery to reduce or eliminate your dependence upon glasses *may* be partially covered by insurance if you have a cataract. Would you be interested in learning more about this option? Yes No

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

[-----|-----]
Easy going Perfectionist

Please sign here _____