

Questionnaire Before Cataract Surgery:

Print, complete, and bring with you to your appointment.

- 1. Are you interested in not having to wear glasses after cataract surgery? Yes No
- 2. Are you interested in seeing well at distance (driving, golf, skiing, tennis) without glasses after surgery?
 Prefer no distance glasses I wouldn't mind wearing distance glasses
- 3. Are you interested in seeing well at mid-range (computer, cooking, grocery shopping) without glasses after surgery?
 Prefer no mid-range glasses I wouldn't mind wearing mid-range glasses
- 4. Are you interested in seeing well at near (reading, sewing) without glasses after surgery?
 Prefer no reading glasses I wouldn't mind wearing reading glasses
- 5. If you had to wear glasses after surgery for one activity, for which activity would you be **MOST WILLING** to use glasses?
 Reading fine print Computer Driving
- 6. 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 **glare** and **halos** around lights at night, would you like that option? Yes No
- 7. If you could have **good distance** vision and **mid-range** vision during the day and night without glasses, but the compromise was that you would need glasses for extended reading or fine print, would you like that option?
 Yes No
- 8. Have you ever been told you have astigmatism? Yes No
- 9. Have you ever had monovision, either with contact lenses, LASIK, or naturally? Yes No
- 10. Have you ever had LASIK, PRK, RK or other surgery on your eyes? Yes No
- 11. Please place an "X" on the following scale to describe your personality as best you can:

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Easy going Perfectionist

Name _____ Date ____/____/____