



DATE: _____ **NAME:** _____

We want to help you maintain excellent vision. One area of your evaluation will be cataracts. The term “cataract” refers to a cloudy lens within the eye. When a cataract is removed, a lens implant is used to replace the cloudy human lens.

If it is determined that a lens implant is appropriate for you, your answers will help us select an implant that best suits the vision demands of your lifestyle. Please fill out completely and return to us.

1 If lens replacement is recommended for you, please rate your vision preferences for:

DISTANCE VISION: *driving, golf, tennis, other 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, doing detailed handwork.*

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

2 Please check the single statement that best describes your view about **NIGHT VISION:**

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

3 If you had to **WEAR GLASSES FOR ONLY ONE VISION RANGE AFTER SURGERY**, at which range would you be most willing to use glasses?

- Distance Vision
- Mid-range Vision
- Near Vision

4 How many hours per day do you spend:

_____ On the computer
 _____ Reading books, newspapers, typed documents or small print
 _____ Driving

5 List your favorite **HOBBIES OR ACTIVITIES.**

Please place an “X” on the scale to **DESCRIBE YOUR PERSONALITY:**

_____ _____

Easy going Perfectionist