Vision Lifestyle Survey

Patient Name _____**DOB**_____

We want to help you maintain excellent vision. We will be evaluating you soon for cataracts. The term "cataracts" refers to a cloudy lens within the eye. When a cataract is removed, a lens implant is used to replace the cloudy natural lens. If it is determined that a lens implant is appropriate for you, your answers below will help in determining which implant best suits the demands of your lifestyle. Please fill this form out completely and bring it with you to your evaluation.

1. If lens replacement is recommended for you, Please rate your vision preferences at the Following distances:

Distance Vision: driving, golf, tennis, other Sports, watching TV
- ☐ Prefer no distance glasses
- ☐ I wouldn't mind wearing glasses for distance

Mid-range Vision: computer, menus, price tags, Cooking, board games
- ☐ Prefer no mid-range glasses
- ☐ I wouldn't mind wearing mid-range glasses

Near Vision: reading books & newspapers, Doing detailed handiwork
- ☐ Prefer no near glasses
- ☐ I wouldn't mind wearing near glasses

2. Please check the single statement that best Describes you in terms of **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 after surgery For only one activity,** for which type of activity Would you be most willing to wear glasses?
- ☐ Distance Vision   (driving, watching TV)
- ☐ Mid-range Vision (computer, dashboard)
- ☐ Near Vision   (reading fine print)

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 that be ok?

Yes   or   **No**

5. If you could have good distance vision and Mid-range vision during the day and night without glasses, but the compromise was that you **might need glasses for reading** the finest print at near, would you like that option?

Yes   or   **No**

6. How many hours per day do you spend:

_____ on the computer?

_____ reading books, newspapers or small print?

_____ driving?

7. List your favorite **hobbies or work activities**:

8. Place an **"X"** on the scale to **describe your Personality** as best you can:

[--]
Easygoing   **Perfectionist**

Signature: _____

Date: _____