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Name: **Date:**

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, it is replaced with an artificial lens. If surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important to understand that many patients still need glasses for some activities after surgery. **Please fill this form out completely and bring it with you to your appointment**. If you have questions, please let us know and we will assist you with this form.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?

   Distance Vision (driving, golf, tennis, other sports, watching TV)
   ____ I prefer no **Distance** glasses. ____ If wouldn't mind wearing **Distance** glasses.

   Mid-range Vision (computer, menus, price tags, cooking, board games, items on a shelf)
   ____ I prefer no **Mid-range** glasses. ____ I wouldn't mind wearing **Mid-range** glasses.

   Near Vision (reading books, smartphones, tablets, e-readers, sewing, detailed handwork)
   ____ I 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**:
   ____ 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. Some people prefer to hold their **reading material** very close, while others prefer holding their reading material much farther away, in their laps. The length of this sheet of paper from top to bottom is 11 inches. Using this sheet of paper as a very rough ruler, try to **estimate approximately** how far from your face you prefer to hold your **reading material**. Please place an "X" on the following scale to provide a **very rough estimate** as best you can:

   11 inches----------16.5 inches ----------22 inches
   (1 paper length) (1 and a half paper lengths) (2 paper lengths)

5. If you could have **good Distance, Mid-range, and Near Vision all without glasses**, but the compromise was that you might see some halos, rings, or starbursts around lights at night, would you like that option? ____ Yes ____ No

6. If you could have good Distance and Mid-range Vision without glasses, but the compromise was that you might need glasses for the finest print at near, would you like that option? ____ Yes ____ No

7. If you have a cataract and would like to reduce or eliminate the need for glasses, insurance may cover a significant portion of your overall procedure cost. Would you be interested in learning more about this option?

   ____ Yes ____ No ____ Maybe, it depends on how much is covered by insurance.

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

   [----------I----------]
   Easy going Perfectionist

_X_____ _____
Patient's Signature Date