

We ask that you think about your how you use your eyes when it comes to wearing glasses.

How that affects your daily activities.

When you need to wear glasses and for what activities

How you would like your vision to be after your cataract surgery for your activities, hobbies and daily lifestyle.

Name: _____ Occupation: _____ Date: _____

Hobbies or Recreational Activities: _____

Computer Use: Yes or No If YES, how many hours per day? _____

Do you drive? Yes or No If YES, how often do you drive at night? Never
Occasionally Often

Current Vision

Have you had Laser Vision Correction/Refractive surgery? Yes or No
Do you wear glasses or contact lenses? Yes or No

If YES, What do you use them for? Near Vision Distance Vision Correct Astigmatism

Future Vision

It is a personal choice for the IOL which best meets your vision needs and lifestyle after your cataract surgery. It is a choice of how dependent you want to be on glasses to perform the activities and hobbies you do every day. Please think about how important it is for you to reduce your need/dependence for glasses.

! Near Vision (reading books, newspapers, magazines, detailed handiwork, computers, iphones)

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

! Mid-Range Vision (computers, ipads, price tags, cooking, board games, items on a shelf)

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

! Distance Vision (driving, golf, tennis, walking/hikes, other sports & activities, watching TV)

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

! If you had to wear glasses after surgery for one activity, which activity would you be most willing to use glasses?

NEAR Vision Activity **MID-RANGE** **DISTANCE** Vision
Activity Intermediate Vision Activity

Please place an "X" on the following scale which best describes your personality.

Easy Going _____ Perfectionist

Please sign here: _____