

VISION/LIFESTYLE QUESTIONNAIRE

Modern cataract surgery gives you a choice of different intraocular lenses to maximize your optimal combination of vision quality and lifestyle convenience. All intraocular lenses are excellent choices. The intraocular lens you choose should be the one which allows you the greatest freedom from glasses to function in your current lifestyle.

The Basic Intraocular Lens with cataract removal is covered under your medical insurance (less deductibles and/or copays if applicable). The Advanced Technology Intraocular Lenses and associated special measurements/testing required are custom upgrades, which are not covered by insurance and will require an out of pocket payment.

Please fill this form out completely and bring to your scheduled appointment. Please do not hesitate to contact us with any questions.

If not covered by insurance, I would consider paying out of pocket to reduce my need for glasses. Yes / No

If you are not interested in the advanced technology intraocular lenses and spectacle independence, you do not have to answer the following questions.

- 1- **Do you currently or have you previously used glasses or contact lenses? Yes / No**
- 2- **Although I may currently need glasses, my preference after surgery is to:**
 - See both distance and near without glasses
 - See at distance without glasses but wear glasses to see near
 - Rely on glasses for both distance and near
- 3- **Think of your vision in terms of three zones. For which zone would you be more willing to wear glasses?**
 - Distance (driving, TV, golf, tennis)
 - Intermediate (computer, cooking, gardening)
 - Near (reading, cellphone, sewing, make up)
- 4- **How many hours per day do you spend:**
 - Driving _____
 - On the computer _____
 - Reading (books, tablet, smartphone) _____
- 5- **What is your primary occupation (present or former)? _____**
- 6- **Please list up to two favorite hobbies: _____**
- 7- **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 you like that option? Yes / No**
- 8- **If you could have good *Distance Vision during the day and night without glasses*, and good *Mid-range Vision without glasses*, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? Yes / No**

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

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Easygoing

Perfectionist

Patient Signature

Date