

Cataract and Refractive Lens Exchange Questionnaire

Name _____

Date _____

1. What type of glasses do you presently wear?
 None Bi-focal Tri-focal Reading only Distance only
2. Do you mind wearing glasses?
 Yes No
3. Would you be content knowing you need glasses for some tasks?
 Yes No
4. Are you interested in seeing well at distance without glasses after surgery?
 Yes No
5. Are you interested in seeing well at near without glasses after surgery?
 Yes No
6. If you had to wear glasses after surgery for one activity, for which activity would you be most willing to wear glasses?
 Reading fine print Using the computer Driving
7. Do you see halos or rings around lights when driving at night?
 Yes No
8. If you could become relatively independent from using glasses, but the compromise was that you might see halos around lights at night, would you like that option?
 Yes No

9. How often do you do the following activities?

	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close detail work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you describe your personality?

Easy going Detail & perfection oriented Between the two

Using the chart below, which three zones would you prefer to see clearest without eyeglasses after surgery? (circle three numbers only)

1	2	3	4
Stock quotes	Newsprint	Television	Driving
Phone book	Computer	Meals	Golf
Sewing	Makeup	Cooking	Movies
Map	Price tags	Clocks	Road signs
Drug labels	Menu	Cleaning	Star gazing