

Name: \_\_\_\_\_

There are a variety of options for cataract surgery that will not only give you clearer vision but may also reduce your dependency on glasses. Please help us better understand what is important to you in order to determine which option is best suited for your lifestyle.

Please circle the following activities that you do on a regular basis and are important to your lifestyle:

## Distance Vision



Driving—daytime



Watching movies/Going to theater



Driving—nighttime



Viewing scenery/Taking photographs



Golfing/Other sports

Other: \_\_\_\_\_

## Intermediate Vision



Seeing car dashboard



Shopping



Using computer



Playing cards



Using tablet

Other: \_\_\_\_\_

## Near Vision



Reading books/newspapers



Sewing/Needlepointing



Doing crossword puzzles



Applying makeup



Using cell phone

Other: \_\_\_\_\_

Are you having any difficulty with the following with your current vision?

☐ Bright daylight

☐ Nighttime streetlights/headlights

☐ Reading

Please place an "X" on each continuum where it best describes how you feel about the following:

Correction of near vision:

(eg, reading, use of phone)

I want to wear glasses

I don't want to wear glasses

Correction of intermediate vision:

(eg, using tablet/computer)

I want to wear glasses

I don't want to wear glasses

Correction of distance vision:

(eg, driving, watching television)

I want to wear glasses

I don't want to wear glasses

Your doctor will discuss the advantages and disadvantages of the various options for cataract surgery. Please indicate how knowledgeable you are about your cataract surgery options:

☐ Not knowledgeable

☐ Somewhat knowledgeable

☐ Knowledgeable

Which of the following best describes your personality type?

☐ Easygoing

☐ Flexible

☐ Organized/Planner

☐ Perfectionist

Patient Signature: \_\_\_\_\_