

Date \_\_\_\_\_

Name \_\_\_\_\_

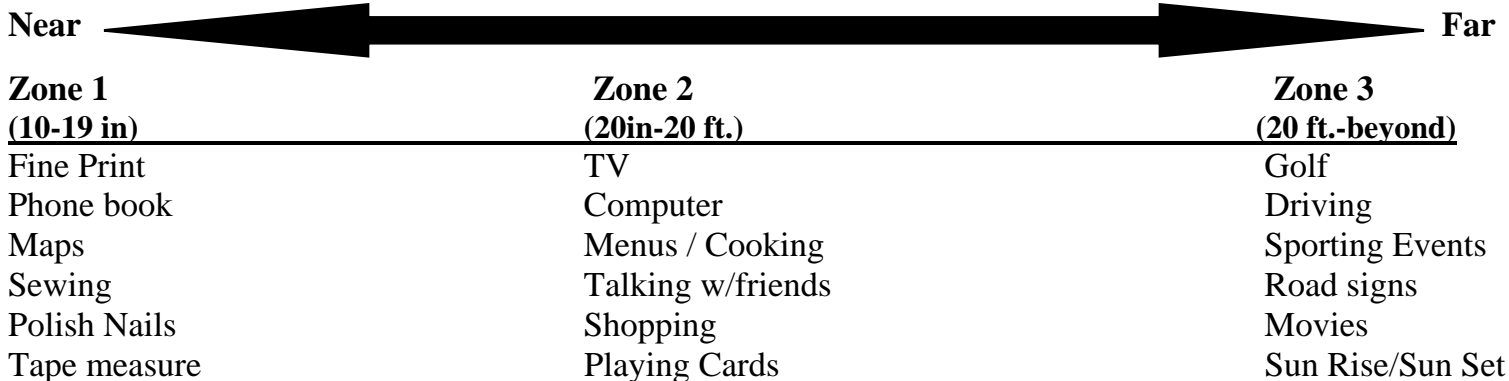
### Cataract and Refractive Lens Exchange Questionnaire

The term “**cataract**” refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. This questionnaire will assist us in providing the treatment best suited for your visual needs if it is determined that surgery is appropriate for you. It is important that you understand that many patients may still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. After surgery are you interested in seeing well without glasses at: Please circle **only two** of the following three options of 1, 2, or 3.

- 1) **Distance (20 feet and beyond)**
- 2) **Intermediate (16 inches to 20 feet)**
- 3) **Near (16 inches and closer)**

#### We divide vision into 3 “Zones of Vision”



2. Which “Zone of Vision” 1, 2 or 3 is the **most** important group to you? Please choose **only one** of the following three options of Group A, B or C:

- Zones 1**
                         
  **Zones 2**
                         
  **Zones 3**

3. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses?      **Reading fine print**      **Menus/Computer**      **Driving**

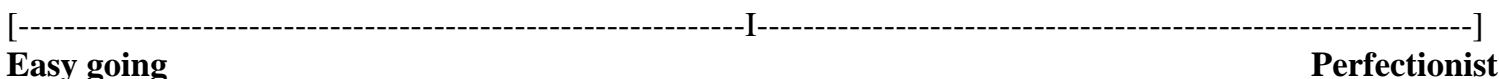
4. If you could have good **distance vision (Zone 3) and near vision (Zone 1)** without glasses, but might see some **halos/glare** around lights at night and have **poor intermediate vision** would you like that option?  

 **Yes**                       **No**

5. If you could have good **distance (Zone 3) and computer-intermediate (Zone 2)** vision without glasses, but you might need glasses occasionally for reading the finest print at near or for reading greater than 30 minutes, would you like that option?  

 **Yes**                       **No**

6. Please place an “X” on the following scale to describe your personality as best you can:



**Please Sign Here** \_\_\_\_\_