

QUALITY OF VISION CHECKLIST

These questions will assist us in the IntraOcular lens options that are best suited for your visual needs if it is determined that cataract surgery is appropriate for you. It is important that you understand that many patients still need to wear glasses for some activities after surgery but due to recent technological advances, we are now able to offer the possibility for you to be potentially free from glasses.

PLEASE CIRCLE YOUR ANSWERS

1. Does your distance vision impair your ability to drive or watch TV?

Yes

No

2. Does your near vision impair your ability to read easily?

Yes

No

3. Do you have much glare from sunlight when driving during the day?

Yes

No

4. Do you have much glare from headlights when driving at night?

Yes

No

5. What is your profession?

Professional driver

Pilot

neither

6. Do you spend much time with the computer?

Yes

No

7. Do you do a lot of close detail work (sewing, model building, etc.)?

Yes

No

8. Have you every had refractive surgery?

NO

LASIK or PRK -hyperopic

LASIK or PRK- myopic

RK

Yes- unknown type

9. Would you like this eye to be mostly distance or mostly near after surgery?

Mostly distance

Mostly near

10. If you had to wear glasses after surgery, for which activity would you be most willing to wear glasses?

Reading

Computer

Distance

11. Which is most important to you:

Mid- range

Near

both are equally important

12. After cataract surgery would you mind wearing reading glasses (to see up close)?

Yes

No

13. Are you willing to trade some quality of vision to be less dependent on glasses?

Yes

No

14. Are you willing to accept some glare and halos around lights to be less dependent on glasses?

Yes

No

15. After cataract surgery, would you like to be able to do most of your activities without needing glasses?

Yes

No

*15a/16 Would you prefer to be less dependent on glasses for:

Distance only

Distance and near

17. Do you think you would like monovision after cataract surgery (one eye for distance and one for near)?

Yes

No

18. Would you be willing to pay out of pocket to reduce your need for glasses ?

Yes

No

19. How would others describe you:

Very easy going

Somewhat easy going

Somewhat of a perfectionist

Perfectionist

20. Are you visually picky?

Yes

No