Cataract and Refractive Lens Exchange Questionnaire

Name	-	Date	
1. What type of glas	ses do you presently v Bi-focal □ Tri-focal	vear? □ Reading only □ Di	stance only
2. Do you mind wea			
☐ Yes	□ No on NOT to wear glasse	es after Cataract surgery,	would this be appealing
to you?	on the treat grade		
□ Yes	□ No		
4. Would you be con	ntent knowing you nee	d glasses for some tasks?	
5. Are you interested Yes	d in seeing well <u>at dist</u>	ance without glasses after	surgery?
6. Are you interested Yes	d in seeing well <u>at nea</u>	<u>r</u> without glasses after sur	gery?
be most willing to	wear glasses?	ofor one activity, for which e computer □ Driving	activity would you
8. Do you see halos	or rings around lights	when driving at night?	
□ Yes □ N	No		
	ı might see halos arou	lent from using glasses, be nd lights at night, would yo	
10. How often do vo	ou do the following acti	vities?	
•	Often		arely
Reading			
Close detail v Computer			
Watch TV			
Outdoor activ			
Night driving			
-	ı describe your perso ng □ Detail & perf		tween the two
	w, which <u>three</u> zones was gery? (circle three num	would you prefer to see clanbers only)	earest without
1	2	3	4
Stock quotes	Newsprint	Television	Driving
Phone book	Computer	Meals	Golf
Sewing	Makeup	Cooking	Movies
Мар	Price tags	Clocks	Road signs
Drug labels	Menu	Cleaning	Star gazing