

The term “cataract” refers to a cloudy lens within the eye. When a cataract is removed, a lens implant is placed inside the eye to replace the cloudy human lens. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses. If it is determined that lens replacement is appropriate, your answers will help us provide the best vision possible so you can enjoy activities most important to you.

**1** If lens replacement is recommended for you, please rate your vision preferences at the following distances?

**Distance Vision:** driving, golf, tennis, other sports, watching TV.

- Prefer no distance glasses
- I wouldn't mind wearing distance glasses

**Mid-range Vision:** computer, menus, price tags, cooking, board games, items on a shelf.

- Prefer no mid-range glasses
- I wouldn't mind wearing mid-range glasses

**Near Vision:** reading books, newspapers, magazines, doing detailed handwork.

- Prefer no near glasses
- I wouldn't mind wearing near glasses

**2** Please check the single statement that best describes you in terms of **night vision:**

- Night vision is extremely important to me, and I require the best possible quality.
- I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
- Night vision is not important to me.

**3** If you **had to wear glasses after surgery for one activity**, for which activity would you be most willing to use glasses?

- Distance Vision
- Mid-Range Vision
- Near Vision

**4** If you could have good distance vision during the day without glasses, and good near vision for reading without glasses, but the compromise was that you **might see rings or starbursts** around lights at night, would that be OK?

- Yes
- No

**5** If you could have good distance vision and mid-range vision during the day and at night without glasses, but the compromise was that you **might need glasses for reading** print at near and seeing close details, would you like that option?

- Yes
- No

**6** How many hours per day do you spend:

\_\_\_\_\_ **On the computer**

\_\_\_\_\_ **Reading** books, newspapers, typed documents or small print

\_\_\_\_\_ **Driving**

**7** List your favorite **hobbies or work** activities.

**8** Please place an “X” on the scale to **describe your personality** as best you can:

\_\_\_\_\_  \_\_\_\_\_   
**Easy going** **Perfectionist**