The Eye Institute of Utah℠

Patient Name_____Date_____

Occupation/Hobbies_____

Vision Preference Questionnaire

When you have a lens implant or refractive procedure, it is important to consider your individual vision and lifestyle preferences. Although it has not yet been determined if you are a candidate for any procedure, this questionnaire will help us make recommendations during your exam.

1. Would you like glasses-free distance vision?
   ☐Yes ☐No

2. Would you like to see up close without glasses?
   ☐Yes ☐No

3. If you HAVE TO wear glasses after surgery for ONE of the zones below, which zone would you prefer?

☐ Zone 1 (12-20 in)	☐ Zone 2 (15-24 in)	☐ Zone 3 (6-20 ft)
Reading Sewing Applying Make-up Crossword Puzzles	Shaving Computer Labels on Shelves Cooking	Watching TV Driving Watching Movies Golf

4. If after cataract surgery, you could see far and near without glasses but the trade-off was that you would see halos around headlights, would you find this acceptable?
   ☐Yes ☐No

5. Please mark on the following scales (with an “x”) to describe your personality and preferences as best you can.

Prefer glasses All the time — Sometimes — Do not want to wear glasses

[----------I----------]

Easy Going — Perfectionist

[----------I----------]

Please sign below and present this to the technician or doctor during your exam.

Patients Signature_____

Doctor Recommendation: ☐ Monofocal ☐ Toric ☐ Multifocal type _____