



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?

<input type="checkbox"/> Zone 1 (12-20 in)	<input type="checkbox"/> Zone 2 (15-24 in)	<input type="checkbox"/> 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 Do not want to wear glasses
 All the time Sometimes
 [-----|-----]

Easy Going Perfectionist
 [-----|-----]

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

Patients Signature _____

Doctor Recommendation: Monofocal Toric Multifocal type _____