



Patient Cataract Surgery Questionnaire

Patient Name: _____

There are a variety of options for cataract surgery that will not only give you clearer vision but may also reduce your dependency on glasses. Please help us better understand what is important to you in order to determine which option is best suited for your lifestyle.

Please check the following activities that you do on a regular basis and are important to your lifestyle:

Distance Vision

- Driving – daytime
- Driving – nighttime
- Golfing/Other sports
- Watching movies/Going to theater
- Viewing scenery/Taking photographs
- Other: _____

Intermediate Vision

- Seeing car dashboard
- Using computer
- Using tablet
- Shopping
- Playing cards
- Other: _____

Near Vision

- Reading books/newspapers
- Doing crossword puzzles
- Using cell phone
- Sewing/Needlepointing
- Applying makeup
- Other: _____

Are you having difficulty with the following with your current vision?

- Bright daylight
- Nighttime streetlights/headlights
- Reading

Please place an “X” on each continuum where it best describes how you feel about the following:

Correction of near vision:
(eg, reading, use of phone)

I want to wear glasses

I don't want to wear

Correction of intermediate vision:
(eg, using tablet/computer)

I want to wear glasses

I don't want to wear

Correction of distance vision:
(eg, driving, watching television)

I want to wear glasses

I don't want to wear

Your doctor will discuss the advantages and disadvantages of the various options for cataract surgery. Please indicate how knowledgeable you are about your cataract surgery options:

- Not knowledgeable
- Somewhat knowledgeable
- Knowledgeable

Which of the following best describes your personality type?

- Easygoing
- Flexible
- Organized/Planner
- Perfectionist

Patient Signature: _____ Date: _____