

If cataract surgery is indicated, you have several options to reduce your dependence on glasses. Each option has potential advantages and disadvantages, depending on your daily activities and visual needs. Our physicians combine their surgical expertise with the best technology available to give you the optimal combination of quality vision, lifestyle convenience and surgical cost. To help communicate your needs and preferences, please take a moment to complete the following questions:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Even though you may currently need glasses, surgery gives you the option of seeing better without glasses. Which of the following best describes your goals **after surgery**?
  - I want to wear glasses as little as possible
  - I'm okay with or without glasses
  - I want to wear glasses most of the time
  
2. Think of your vision in terms of three zones: Distance (driving, golf or tennis); Mid-range (computer, gardening or cooking); Near (reading, cell phone use or putting on make-up). If you had to wear glasses for at least one zone after surgery, for which zone would you be more willing to wear glasses?
  - Distance vision       Mid-range vision       Near vision
  
3. 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 night vision possible
  - As long as I can drive comfortable at night, I can tolerate some slight imperfections
  - Night vision is not particularly important to me
  
4. If you could have good distance and near vision without glasses in most situations, would you be able to tolerate some halos and glare around lights at night?
  - Yes       No
  
5. Some surgical options require additional out-of-pocket payments. Would you consider paying out-of-pocket beyond what insurance covers to reduce/minimize your need for glasses?
  - Yes       No
  
6. What percentage of your day do you spend:  
Driving \_\_\_\_\_ On the computer \_\_\_\_\_ Reading books/newspapers \_\_\_\_\_
  
7. What is or was your occupation? \_\_\_\_\_
  
8. Please list up to two favorite hobbies:  
\_\_\_\_\_
  
9. Have you had LASIK or PRK surgery? \_\_\_\_\_
  
10. Do you have any specific vision concerns? \_\_\_\_\_

If you have any questions or concerns, please call 630-322-8300.