Name_____ **DOB:** _____ **Height:** _____

Cataract and Lifestyle Lens Implant Exchange Questionnaire

The term cataract refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cloudy. Also, clear lenses that have not yet developed cataracts are often removed to reduce or eliminate the need for glasses or contacts. This questionnaire will assist us in providing the treatment best suited for your visual needs if it is determined that surgery is appropriate for you. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely. This form does not constitute a decision about surgery, but rather serves as a basis for discussion during your visit with the doctor. If you have questions, please let us know and we will assist you with this form.

1. Are you interested in seeing well at distance without glasses after surgery?
   _____ I prefer no distance glasses. _____ Not important to me. I wouldn't mind wearing distance glasses.

2. Are you interested in seeing well at near without glasses after surgery?
   _____ I prefer no reading glasses. _____ Not important to me. I wouldn't mind wearing reading glasses.

The 4 Zones of Vision

Zone 1 (Far)	**Zone 2 (Intermediate)**	**Zone 3 (Near)**	**Zone 4 (Very Near)**
T.V. Night Driving Road Signs Movies Golf	Computer Cooking Grocery Shelf Items Ipad	Newsprint Phonebook Maps Sewing	Tying a Fly Embroidery Knitting by Hand Setting Jewelry Stones

3. Which Zone of Vision is most important to you? Please choose only one of the three options:
   _____ Zone 1 _____ Zone 2 _____ Zone 3 _____ Zone 4

4. If you had to wear glasses after surgery for one zone, for which zone would you be most willing to use glasses?
   _____ Zone 1 _____ Zone 2 _____ Zone 3 _____ Zone 4

5. Do you see rings around lights at night? If yes, do they bother you or do you just notice them?
   _____Yes _____No

6. Please place an X on the following scale to describe your personality as best as you can:

[_____----------_____----------_____----------_____----------_____----------_____----------_____]

Easy going (glass 1/16th full) Perfectionist (glass is 1/16th empty)

_____ _____

Patient Signature Date