



Patient Name: _____ Date: _____

Cataract and Refractive Questionnaire

Please fill out this form completely and give to the technician or doctor. Thank you.

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 a cataract. Occasionally, clear lenses that have not yet developed cataracts are also 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. If you have any questions, please let us know and we will assist you with this form.

- How important would it be for you to be free from glasses for your daily activities?
 _____ Very important _____ Moderately important _____ Not important

- 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.

- 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.

- If you had to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses?
 _____ Reading print _____ Computer _____ Driving

- If you could have good distance and good computer (arm's length) vision without glasses, but you may need glasses for reading fine print, would you like that option?
 _____ Yes _____ No

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

-----I-----
Easy going Perfectionist

Patient signature: _____