

Name _____

There are a variety of options for cataract surgery that will not only give you clearer vision, but can also reduce your dependency on glasses. Each option has potential advantages and disadvantages, depending on your lifestyle and the activities you enjoy. Please help us to better understand what is important to you in order to determine which option is best suited for your lifestyle and eye health.

What is (or was) your occupation? _____

Please circle the following activities you do on a regular basis:

Read Newspapers/Books	Cook	Watch Spectator Sports	Drive - Daytime
Use Cell Phone	Watch TV/Movies	Shop	Drive - Nighttime
Needlepoint/Sew	Use the Computer	Exercise	
Paperwork/Writing	Dine in Restaurants	Golf	

Are you having difficulty with any of the activities listed above as a result of your vision?

How many combined hours per day do you spend on a computer, tablet, and/or smart phone:

Please share anything else you think might be important about your lifestyle of daily activities:

Are there times in your day that you wish you didn't have to wear glasses? YES / NO (please circle one)

If yes, when? _____

Please place an "X" on each line where it best describes how you feel about the following:

	I want to wear glasses	I don't want to wear glasses
Correction of near vision: (reading, use of phone)	<----->	----->

	I want to wear glasses	I don't want to wear glasses
Correction of intermediate vision: (using a tablet/computer)	<----->	----->

	I want to wear glasses	I don't want to wear glasses
Correction of distance vision: (driving, watching TV)	<----->	----->