

Vision Preferences Checklist

Date _____ Your Name _____

We want to help you maintain excellent vision. One area of evaluation will be cataracts. The term “cataract” refers to a cloudy lens within the eye. When a cataract is removed, a lens implant is used to replace the cloudy human lens. If it is determined that a lens implant is appropriate for you, your answers will help us select an implant that best suits the vision demands of your lifestyle. Please fill this form out completely and return it to us.

1 If lens replacement is recommended for you, please rate your vision preferences at the following distances?

Distance Vision: driving, golf, tennis, other sports, watching TV.

- Prefer no distance glasses
- I wouldn't mind wearing distance glasses

Mid-range Vision: computer, menus, price tags, cooking, board games, items on a shelf.

- Prefer no mid-range glasses
- I wouldn't mind wearing mid-range glasses

Near Vision: reading books, newspapers, magazines, doing detailed handwork.

- Prefer no near glasses
- I wouldn't mind wearing near glasses

2 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 possible quality.
- I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
- Night vision is not important to me.

3 If you **had to wear glasses after surgery for one activity**, for which activity would you be most willing to use glasses?

- Distance Vision
- Mid-range Vision
- Near Vision

4 If you could have good distance vision during the day without glasses, and good near vision for reading without glasses, but the compromise was that you **might see some halos or rings** around lights at night, would that be OK?

- Yes
- No

5 If you could have good distance vision and mid-range vision during the day and night without glasses, but the compromise was that you **might need glasses for reading** the finest print at near, would you like that option?

- Yes
- No

6 How many hours per day do you spend:

_____ **On the computer**

_____ **Reading** books, newspapers, typed documents or small print

_____ **Driving**

7 List your favorite **hobbies or work** activities.

8 Please place an “X” on the scale to **describe your personality** as best you can:

_____ _____
Easy going **Perfectionist**

Signature: _____