



LEARNING YOUR VISION PERSPECTIVE

SURVEY FOR CATARACT PATIENTS

You have an important decision to make about your vision future. This survey is designed to help us understand your vision goals so we can provide you with the best possible lens for your lifestyle.

1 Throughout the day, you perform activities that require your eyes to focus at different distances. Circle or write in the activities that are most important for your lifestyle:

DISTANCE



Driving



Golf



Live sports



Scenery

Other:

INTERMEDIATE



Car dashboard



Computer



Grocery shopping



Tablet

Other:

NEAR



Fine print



Detailed hobbies



Mobile phone



Makeup

Other:

2

What do you currently find challenging or bothersome?

Please indicate with a check below.

- Streetlights/headlights
- Reading
- TV captions
- Bright daylight

3

When you think long term, would you like to rely on your glasses less?

Please indicate with a check below.

- I don't mind
- It'd be nice
- Glasses are annoying
- I hate wearing them

4

How often do you drive in low-light conditions (dusk, night, dawn, rain)?

Please indicate with a check below.

- Never
- Not often, but I'd like to
- Occasionally
- Often

5

Your doctor will discuss your options for cataract surgery during your consultation.

How knowledgeable do you feel about advanced lenses and laser cataract technology?

Please indicate with a check below.

- Not yet knowledgeable
- Slightly
- Somewhat
- Knowledgeable

6

To ensure your visit is a great experience, please share any questions or concerns you would like us to know about.

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7

Please describe your personality type as best you can.

Please indicate with a check below.

- Easygoing
- Organized, but flexible
- Always plans ahead
- Perfectionist