

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 | Drive – Nighttime | Play a Musical Instrument | Use Cell Phone |
| Read Medicine Bottles | Shop | Dine in Restaurants | Watch Movies in Theatre |
| Needlepoint/Sew | Play Tennis | Bicycle | Photography |
| Crossword Puzzles | Hunt or Fish | Play Cards/Dominos | Cook |
| Participate in Water Sports | Paint/Draw | Use the Computer | Paperwork/Writing |
| Drive – Daytime | Watch Spectator Sports | Golf | Visit/Care for Grandchildren |

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 smartphone? _____

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

Are there times in your day that you wish you didn't have to wear glasses? Yes No

If yes, explain when: _____

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

Correction of near vision: (e.g., reading, use of phone)	I want to wear glasses	I don't want to wear glasses
	<input type="text"/>	<input type="text"/>
Correction of intermediate vision: (e.g., using a tablet/computer)	I want to wear glasses	I don't want to wear glasses
	<input type="text"/>	<input type="text"/>
Correction of distance vision: (e.g., driving, watching television)	I want to wear glasses	I don't want to wear glasses
	<input type="text"/>	<input type="text"/>

Patient signature _____