Special lens implants are available that can reduce your dependence upon eyeglasses compared to the basic lens implant for cataract surgery. Health insurance covers the cost of the basic lens. However, the additional “upgrade” cost of these special lens implants is not covered by insurance, and patients may still need to wear glasses for some activities after surgery. This questionnaire will help us determine which, if any, of these special implants are appropriate for you (assuming that you do not mind the additional cost and are interested in them).

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?

1. **Distance** **vision** (driving, walking, golf, watching TV or theater performances)

\_\_\_Prefer no Distance glasses. \_\_\_Not important. I wouldn’t mind wearing Distance glasses.

1. **Intermediate vision** (computer, dashboard, items on a store shelf, my face in a mirror)

\_\_\_Prefer no Mid-range glasses. \_\_\_Not important. I wouldn’t mind wearing Mid-range glasses.

1. **Near vision** (reading books, magazines, cell phone, medicine labels)

\_\_\_Prefer no Near glasses. \_\_\_Not important. 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 night vision.

\_\_\_ I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.

\_\_\_ Night vision is not particularly 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. \_\_\_\_Intermediate or Near Vision.

4. If you could have good Distance, Mid-range, and Near Vision **without glasses**, but the compromise was that you might see some **rings or starbursts** around lights at night, would you like that option?

\_\_\_\_Yes \_\_\_\_No

5. Please place an “X” on the following scale to describe your motivation to reduce glasses:

[-------------------------------------------------------------I----------------------------------------------------------------]

Prefer glasses somewhat interested Hate glasses

6. Please place an “X” on the following scale to describe your personality as best you can:

[-------------------------------------------------------------I----------------------------------------------------------------]

Easy going Perfectionist

8. Your occupation (former occupation if retired) and hobbies:

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