

Vision Preference Questionnaire

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This check list will assist us in providing the treatment best suited for your visual needs if it is determined that cataract surgery or refractive lens exchange is appropriate for you. It is important that you understand that many patients still need to wear glasses for some activities after surgery but due to recent technological advances, we are now able to offer the possibility for you to be potentially free from glasses. Please fill this form out completely and return it to us. If you have any questions, please let us know and we will be happy to assist you.

- 1. Would you like glasses-free distance vision?
 - □ Yes □ No
- 2. Would you like to see up close without glasses?
 - □ Yes □ No

3. If you HAVE TO wear glasses after surgery for ONE of the zones below, which zone would you prefer?

□ Zone 1 (12-20 in)	Zone 2 (15-24 in)	□ Zone 3 (6-20 ft)
Reading	Shaving	Watching TV
Sewing	Computer	Driving
Applying Make-up	Labels on Shelves	Watching Movies
Crossword Puzzles	Cooking	Golf

4. If after cataract surgery, you could see far and near without glasses but the trade-off was that you would see halos around headlights, would you find this acceptable?

□ Yes □ No

5. How important would it be for you to be free from glasses for your daily activities? □ Moderately important □ Not important □ Very important

6. Please mark on the following scales (with and "x") to describe your personality and preference as best as you can.

[Easy going			Perfectionist
		Signature:	
Doctor's Recommendation:	Monofocal	□ Toric □	Multifocal Type