



CATARACT & LIFESTYLE QUESTIONNAIRE

Name: _____

Date: _____

1. Are you interested in seeing well **at distance** without glasses after surgery?

_____ I prefer no **distance** glasses _____ I don't mind wearing **distance** glasses

2. Are you interested in seeing well **at near** without glasses after surgery?

_____ I prefer no **reading** glasses _____ I don't mind wearing **reading** glasses

3. **Ranges of Vision:**

Range 1	Range 2	Range 3
(12-20 inches)	(2-4 feet)	(6 feet and beyond)
Newsprint	Items on a shelf	Driving
Phonebook	Computer	TV
Maps	Menus	Golf
Sewing	Price tags	Movies

Which group of "Ranges of Vision" is the most important group to you? Please choose only one of the following three options:

_____ Ranges 1 and 2 _____ Ranges 2 and 3 _____ Ranges 1 and 3

4. Please check the one 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 imperfection

___ Night vision is not particularly important to me

