Fishkind · Bakewell · Maltzman
Eye Care and Surgery Center

CATARACT & REFRACTIVE LENS EXCHANGE QUESTIONNAIRE

Name: _____ Date: _____

1. Are you interested in seeing well **at distance** without glasses after surgery?
___ Prefer no **distance** glasses ___ Don't mind wearing **distance** glasses

2. Are you interested in seeing well **at near** without glasses after surgery?
___ Prefer no **reading** glasses ___ Don't mind wearing **reading** glasses

3. **Zones of Vision**:

Zone 1 (12-20 inches)	**Zone 2** (2-4 feet)	**Zone 3** (6-20 feet)	**Zone 4** (20-100 ft)	**Zone 5** (100+ feet)
Newsprint	Headlines	Indoors	Day- far	Night- far
Phone book	Computer	TV	Driving	Night driving
Maps	Menus	Cooking	Golf	Movies
Sewing	Price tags	Cleaning	Road signs	Star gazing

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

___ Zones 1, 2, and 3 ___ Zones 2, 3, and 4 ___ Zones 3, 4, and 5

4. If you had to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses?
___ Reading fine print ___ Computer use ___ Driving

5. If you could have good distance vision during the day without glasses, and good near vision for reading without glasses, but the compromise was that you might see some halos around lights at night, would you like this option?

___ Yes ___ No

6. If you could have good distance vision during the day and night without glasses, and good computer-distance vision (Zone 2) without glasses, but the compromise was that you might need glasses for reading fine print at near, would you like this option?

___ Yes ___ No

7. Please place an "X" on the following scale to describe your personality as best as you can:

[----------I----------]
Easy going Perfectionist

Signature: _____