

## Cataract Surgery Pre-Op Questionnaire

1. Do you wear contact lenses?  
a) Yes                      b) No
2. Do you have a pilot's license?  
a) Yes                      b) No
3. Have you ever had laser vision correction surgery in the past?  
a) Yes                      b) No
4. What Hobbies do you have?  
\_\_\_\_\_
5. What sports do you play, if any?  
\_\_\_\_\_
6. I do the majority of my tasks at:  
a) Distance (driving, golf, tennis, other sports, watching TV)  
b) Intermediate/mid-range (computer, menus, price tags, cooking, board games)  
c) Near (reading books, phone, tablets, e-readers, sewing, detailed handwork)
7. After surgery, I would be interested in seeing well **without** glasses for the following situations:  
a) Distance  
b) Intermediate/mid-range  
c) Near
8. Please select the statement that best describes you in terms of night vision:  
a) Night vision is extremely important to me, and I require the best possible quality night vision  
b) I want to be able to drive comfortably at night, but I would tolerate some slight imperfections  
c) Night vision is not particularly important to me
9. If you **had** to wear glasses after surgery, at which distance would you be the most willing to use glasses?  
a) Distance  
b) Intermediate/mid-range  
c) Near
10. If you could have **good distance, mid-range and near vision without glasses**, but the compromise was that you might see some halos, rings, or starbursts around lights at night, would you like that option?  
a) Yes                      b) No
11. If you could have **good distance, mid-range and near vision without glasses**, but the compromise was that you might need glasses for the finest print at near, would you like that option?  
a) Yes                      b) No
12. Place an X on the following scale to describe your personality:

Easy Going -----|----- Perfectionist

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions/Notes: \_\_\_\_\_