Austin Eye Cataract Surgery and Refraction Lens Exchange

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, it is replaced with an artificial lens. Some clear lenses that have not yet developed cataracts are removed to reduce or eliminate the need for glasses. If surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important to understand that many patients still need glasses for some activities after surgery. Please fill this form out completely. If you have questions, please let us know and we will assist you with this form.

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

Distance Vision (driving, golf, tennis, other sports, watching TV)

___I prefer no **Distance** glasses ___I wouldn't mind wearing **Distance** glasses

Mid-range Vision (computer menus, price tags, cooking, board games, items on shelf

___I prefer no **Mid-range** glasses ___I wouldn't mind wearing **Mid-range** glasses

Near Vision (reading books, smartphones, tablets, e-readers, sewing, detailed handwork)

___I prefer no **Near** glasses ___I wouldn't mind reading **Near** glasses

2. Please check the **single** statement that best describes you in terms on **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.

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 ___Mid-Range Vision ___ Near Vision**

4. Some people prefer to hold their reading material very close, while others prefer holding their reading material much farther away, in their laps. The length of this sheet of paper from top to bottom is 11 inches. Using this sheet of paper as a very rough ruler, try to **estimate approximately** how far from your face you prefer to hold your reading material. Please place an "X" on the following scale to provide a **very rough estimate** as best as you can:

11 inches ----------16.5 inches----------22 inches
(1 paper length) (1.5 paper lengths) (2 paper lengths)

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

___ Yes ___No

6. If you could have good **Distance, and Mid-range Vision** without glasses, but the compromise was that you might need glasses for the finest print at **near**, would you like that option ___ Yes ___No

7. If you have a cataract and would like to reduce or eliminate the need for glasses, insurance may cover a significant portion of your overall procedure cost. Would you be interested in learning more about this option?

___Yes ___No ___Maybe, depending on how much is covered by my insurance

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

[----------I----------]
Easy Going Perfectionist

Please sign here _____ Date_____