



Vision Preferences Checklist (PLEASE BRING WITH YOU TO CONSULTATION)

Cataract surgery is a once-in-a-lifetime procedure with an opportunity to permanently change how you see the world. With advances in today's lens technology, combined with precision laser surgery enhancements, vision after cataract surgery can be improved like never before! Your Marietta Eye Clinic team will help educate you about the variety of choices available. This questionnaire can provide insight on how you expect to see after your procedure. **It is important to understand that most patients will need glasses for some activities after cataract surgery.**

1. **Have you worn contact lenses?** Yes No **Monovision contact lenses?** Yes No
2. **Are you interested in seeing well in the distance without glasses?** Yes No
3. **Are you interested in seeing well near (within arms-length) without glasses?** Yes No
4. **Which near vision, hand/eye activities do you enjoy or perform often?** *(check all that apply)*
 Carpentry Painting Cooking Piano / Reading Music Driving Cards Gardening
 Puzzles / Crosswords Needlework Reading Print Reading Mobile Phone / Tablet
5. **Which activities do you enjoy / perform most often?** *(check all that apply)*
 Biking Fishing Bowling Hunting Shopping Golfing Swimming
 Driving (Night / Day) Tennis Time with kids Traveling Watching TV Writing
 Computer (# of hours daily) _____ Others _____
6. **How enjoyable would it be for you to be free of glasses for all of your daily activities?**
 Awesome Very Nice OK Not a Big Deal
7. **Do you do a lot of night driving?** Yes No Somewhat
8. **How would you describe your personality?** *(Place an "X" on the following scale)*

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

Patient Name: _____ DOB: _____ Date: _____