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.**

Have you worn contact lenses? □ Yes □ No **Monovision contact lenses?** □ Yes □ No

Are you interested in seeing well in the distance without glasses? □ Yes □ No

Are you interested in seeing well near (within arms-length) without glasses? □ Yes □ No

Which near vision, hand/eye activities do you enjoy or perform often? *(check all that apply)*

□ Carpentry □ Piano/Reading Music □ Gardening □ Reading Print
□ Painting □ Puzzles/Crosswords □ Reading Mobile Phone/Tablet
□ Cooking □ Cards □ Needlework

Which activities do you enjoy / perform most often? *(check all that apply)*

□ Biking □ Shopping □ Swimming □ Writing □ Hunting
□ Driving □ Tennis □ Time with kids □ Traveling □ Watching TV □ Golfing
□ Fishing □ Computer (# of hours daily) _____ □ Others_____

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

Do you do a lot of night driving? □ Yes □ No □ Somewhat

How would you describe your personality? *(Place an "X" on the following scale)*

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

Patient Name: _____DOB:_____ Date: _____