

VISION FOR YOUR LIFESTYLE.

SURVEY FOR CATARACT PATIENTS

You have an important decision to make about your vision future.

This survey is designed to help us understand your vision goals so we can provide you with the best possible lens for your lifestyle.

1

Throughout the day, you perform activities that require your eyes to focus at different distances.

Circle or write in the activities that are most important for your lifestyle:

DISTANCE



Driving



Golf



Sporting events



Scenery

OTHER

INTERMEDIATE



Car dashboard



Computer



Grocery shopping



Mobile phone or tablet

OTHER

NEAR



Fine print



Games & puzzles



Sewing



Makeup

OTHER

2

On average, how many hours per day do you spend:

please indicate the number next to the activity;

___ Driving ___ Engaging in lifestyle activities (i.e. golf, gardening, cooking, etc.) ___ Using media devices (i.e. mobile phone, tablet, e-reader) ___ Reading books, newspapers ___ Knitting, reading fine print

3

Thinking long-term, how important is it that you rely on your glasses less often?

I don't mind It'd be nice Glasses are annoying I hate wearing them

4

How often do you drive in low-light conditions (dusk, night, dawn, rain)?

Never Not often, but I'd like to Occasionally Often

5

As best you can, mark where your personality type fits on this scale.

 Easygoing Perfectionist

6

I know that my insurance may only cover some of the procedure, and I want to learn about my treatment options.

Agree Disagree

If my procedure is not fully covered by insurance, I want to learn about financing options.

Agree Disagree

7

To ensure your visit is a great experience, please share any questions or concerns you would like us to know about.
