

Vision Made Possible

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.

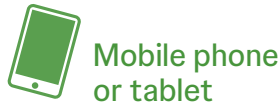
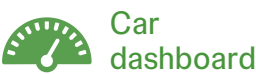
Circle or write in the activities that are most important for your lifestyle:

DISTANCE



OTHER

INTERMEDIATE



OTHER

NEAR



OTHER

LOW LIGHT ACTIVITIES



OTHER

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
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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

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

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

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

Easygoing Perfectionist

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 covered by insurance, I want to learn about my options.

☐ Agree ☐ Disagree

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