JERVEY
EYE GROUP

Date_____ Name_____

Cataract and Intraocular Lens Implant Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. 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)
___Prefer no **Distance** glasses. ___ I wouldn't mind wearing **Distance** glasses.

Mid-range vision. **(computer, menus, price tags, cooking, board games, items on a shelf)**
___Prefer no **Mid-range** glasses. ___ I wouldn't mind wearing **Mid-range** glasses.

Near vision (reading books, newspapers, magazines, detailed handwork)
___Prefer no **Near** glasses. ___ I wouldn't mind wearing **Near** glasses.

2. Please check the **single** statement that best describes you in terms of **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. If you could have good **Distance Vision during the day without glasses**, and good **Near Vision for reading without glasses**, but the compromise was that you might see some **halos or rings** around lights at night, would you like that option? ____Yes ____No

5. If you could have good **Distance vision during the day and night** without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? ____Yes ____No

6. Surgery to reduce or eliminate your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract that is covered by insurance. Would you be interested in learning more about this option?
____Yes ____No ____Maybe, it depends on how much is covered by insurance.

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

[----------I----------]
Easy going Perfectionist

Please Sign Here_____