Cataract Surgery Vision Questionnaire

PRINTED NAME: _____

DOB: _____

Thank you for choosing Clarus for your cataract surgery! We look forward to helping you achieve your best possible vision after surgery. Please do your best to review and complete this questionnaire prior to your appointment. Our cataract surgery team and your doctor will use this information to help determine which lens implant best suits your needs and lifestyle.*

- **DISTANCE VISION** (Ex: driving, golf, tennis, other sports, watching tv)
  ___ I prefer not to wear distance glasses ___ I don't mind wearing distance glasses

- **MID-RANGE VISION** (Ex: computer, cooking, board games)
  ___ I prefer not to wear mid-range glasses ___ I don't mind wearing mid-range glasses

- **NEAR VISION** (Ex: reading books, menus, phone, sewing)
  ___ I prefer not to wear reading glasses ___ I don't mind wearing reading glasses

- **NIGHT VISION**
  ___ Night vision is very important to me
  ___ I would tolerate some blur and halos around lights at night
  ___ Night vision is NOT very important to me

- **For which types of activities would you be most willing to wear glasses?**
  ___ DISTANCE
  ___ MID-RANGE
  ___ NEAR

- **Are willing to invest more to see well without glasses?**
  ___ YES ___ NO

- **What are some of your favorite hobbies or work activities?** _____

  _____

- **Please place an "X" on the scale to describe your personality as best you can:**

I ---------- I ---------- I

Easygoing Perfectionist

Signature: _____ Date: _____

NOTE: If you have not submitted this form to info@claruseye.com, please bring it to your appointment.

**If the lens option best suited to your needs and lifestyle is not covered by insurance, you may be eligible for financing for your premium surgery fee. Please ask your surgery counselor for more information.*