



INTRAOCCULAR LENS SURGERY QUESTIONNAIRE

Please check the activities based on vision type that are most important for your lifestyle:

DISTANCE VISION

- Driving Sports Television Outdoor activities
 Other _____

INTERMEDIATE VISION

- Computer Mobile phone Music/art Baking/cooking
 Other _____

NEAR VISION

- Reading Games/puzzles Sewing/crocheting Model making
 Other _____

On average, how many hours per day do you spend on the following activities:

- ___ Driving ___ Phone/tablet ___ Reading ___ Hobbies

How often do you drive at night:

- Often Occasionally Rarely Never

Which of the following best describes your personality:

- Easygoing Flexible Organized Perfectionist

Following surgery, how important is it for you to be less dependent on eyeglasses:

- Extremely Moderately Somewhat Not important

How knowledgeable are you about intraocular lens options:

- Extremely Moderately Somewhat Not knowledgeable

Please write any questions or concerns you may have about intraocular lens surgery:

Name: _____ Date: _____