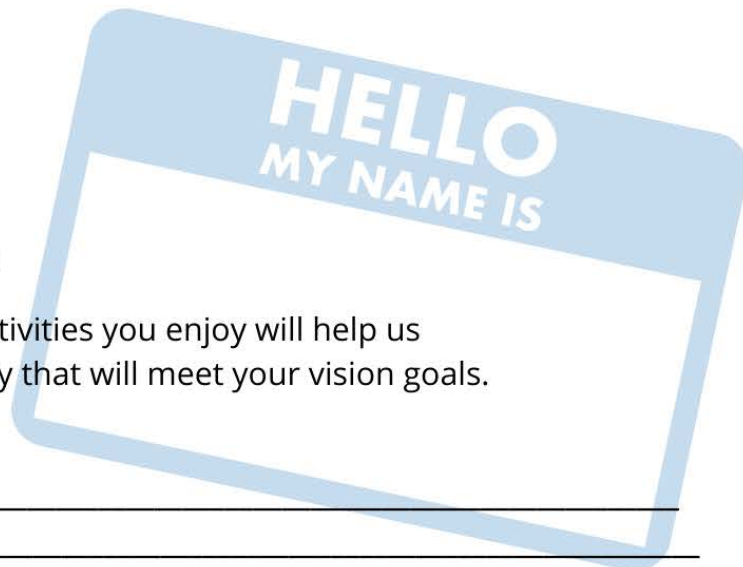


Tell Us About You...







Understanding your lifestyle and the activities you enjoy will help us recommend the type of cataract surgery that will meet your vision goals.

Name: _____

What is (or was) your occupation: _____




Circle the activities you do on a regular basis:



Distance Activities:

-  Driving - daytime
-  Driving - nighttime
-  Golfing/Other Sports
-  Gardening/Yard Work




-  Watching Movies/Going to theater
-  Taking photographs
-  Hunting/Fishing
- Other: _____



Intermediate Activities:

-  Seeing car dashboard
-  Using a computer
-  Using a tablet

-  Shopping
-  Playing Cards
- Other: _____

Near Activities:

-  Reading books/newspapers
-  Doing crossword puzzles
-  Using a cellphone

-  Sewing/Needlepointing
-  Applying makeup
- Other: _____

Which of the following best describes your personality type:

Easygoing

Flexible

Organized

Perfectionist

Which best describes your goal with glasses after surgery?

I want to wear glasses at all times.

I want to wear glasses for reading only.

I want to wear glasses as little as possible.

Please give this to your workup technician on the day of your examination.