

Date: _____

Hello, your lifestyle and personality play a very important role in choosing a suitable intraocular lens (IOL) for you. Please answer the following questions so that you can receive the best possible advice for your eye surgery.

1. Personal information:

Name: _____ Age: _____ Occupation: _____

2. How often do you perform the following activities? (Please include other hobbies on the bank lines)

	Every day	2-4 times a week	Once a week	Never
Books / newspaper reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make-up / shaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knitting / handmade crafts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer / tablet use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports / walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Mark 'X' where appropriate below, leave the box blank if it does not apply to you. (Select all that apply)

	Near Vision (Small Print)	Intermediate Vision (Computer)	Distance Vision (Driving)
I wear glasses for...			
Glasses bother me for...			
After surgery, I preferably do not want to wear glasses for...			

4. After surgery, how important is spectacle independence to you? (Select one)

– Yes, I want to be spectacle independent at near, intermediate and distance vision.

– I would like an increased range of vision, but do not mind wearing spectacles on some occasions.

– No, being spectacle independent is not important to me.

5. Have you ever experienced monovision (e.g., correcting one eye for distance and one eye for near)? (Select one)

– Yes, I have experienced monovision with no issues.

– No, I have not experienced monovision.

– Yes, I have experienced monovision but did not like it.

– I don't know.

6. Do you experience light glares at night, and do you find them disturbing? *(Select one)*

- Yes, and these glares bother me a lot.
- Yes, but these glares do not bother me much.
- No, I don't experience glares.
- I don't know.

7. How would you describe yourself? *(Select all that apply)*

- I do a lot in my spare time.
- I like to look for and correct mistakes.
- I have high expectations of myself and others.
- I spend a lot of time with my friends and family.
- I don't like compromises; I always want the best.
- I am very well informed about healthcare issues.
- I am a perfectionist.
- I do a lot of night-time driving.

8. How would you describe yourself? *(Select on the scale)*

Introvert	<input type="radio"/>	Extravert				
Relaxed	<input type="radio"/>	Perfectionist				
Highly Active	<input type="radio"/>	Not overly Active				
Cautious	<input type="radio"/>	Risk Taking				
Friendly	<input type="radio"/>	Challenging				
Easy-going	<input type="radio"/>	Demanding				
Humorous	<input type="radio"/>	Serious				
Stubborn	<input type="radio"/>	Flexible				
Tolerable of Compromises	<input type="radio"/>	Intolerable of Compromises				

9. We may gather feedback on your vision and surgery satisfaction using an online system called RayPRO which emails you five short questionnaires over three years. Are you happy to be registered on RayPRO?

- Yes
- No

If yes, email address: _____

Get helpful information about common eye conditions and the treatment options available so that you can make informed decisions about your eye health.

www.yourvisionyourworld.com



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