

ROCKLAND EYE PHYSICIANS & SURGEONS, P.C.

Cataract Patient Lifestyle Questionnaire

1. Please check the following that apply to your situation:
 - I would like to see without glasses.
 - I would like to wake up and see the alarm clock.
 - I would like to read a newspaper or book without glasses.
 - I would like to read labels in a store without glasses.

2. Which hand/eye activities do you enjoy? Check all that apply:
 - Crossword puzzles
 - Painting
 - Cooking
 - Gardening
 - Reading books and magazines
 - Computer work
 - Other _____

3. What recreational activities do you enjoy?
 - Golf
 - Tennis
 - Swimming
 - Skiing or Snowmobiling
 - Other _____

4. If you had to wear glasses following cataract surgery, you would prefer to wear them for distance or near vision? _____

5. If you had the option to be spectacle-free for most activities following surgery, would you be willing to pay an additional cost? _____

6. How would you describe your personality? _____

Name: _____ Date of Birth: _____

Address: _____ State: ____ Zip Code: _____

Ophthalmologist: _____ Phone #: _____

Email: _____ Date: _____

Physician Signature: _____ Date: _____ Eye: OD / OU