

Name \_\_\_\_\_

Date \_\_\_\_\_

### Lifestyle Questionnaire

1. Does wearing glasses bother or frustrate you?..... ☐ Yes ☐ No ☐ Somewhat
2. Are you interested in surgery to reduce your need for glasses? ☐ Yes ☐ No ☐ Somewhat
3. Do you do a lot of night driving? ..... ☐ Yes ☐ No ☐ Somewhat
4. Would halos or glare around lights at night bother you after surgery?  
..... ☐ Yes ☐ No ☐ Somewhat
5. Do you use a computer on a daily basis?..... ☐ Yes ☐ No ☐ Somewhat
6. Do you do a lot of close detail work?..... ☐ Yes ☐ No ☐ Somewhat
7. Have you ever tried monovision contact lenses?..... ☐ Yes ☐ No
8. On the following scale, please circle the number that best describes your personality?

1	2	3	4	5	6	7	8	9	10
Easy-Going					Perfectionist				

9. Please initial one:

\_\_\_\_ I **AM INTERESTED** in surgery to help reduce my need for glasses. I understand insurance does NOT pay for this option. Any additional cost related to reducing my need for glasses is “out-of-pocket.”

\_\_\_\_ I **AM NOT INTERESTED** in surgery to help reduce my need for glasses. I understand after cataract surgery my glasses prescription will change, and I will most likely need glasses for everything.

.....  
**FOR DOCTOR USE**

**Right Eye**

Crystalens   Restor   Tecnis MF	Symfony   Symfony Toric   Toric Standard	
With: Lensx Ora	1 <sup>st</sup> Eye	2 <sup>nd</sup> Eye
Cataract Extraction with IOL 66984	Complex 66982	

**Left Eye**

Crystalens   Restor   Tecnis MF	Symfony   Symfony Toric   Toric Standard	
With: Lensx Ora	1 <sup>st</sup> Eye	2 <sup>nd</sup> Eye
Cataract Extraction with IOL 66984	Complex 66982	