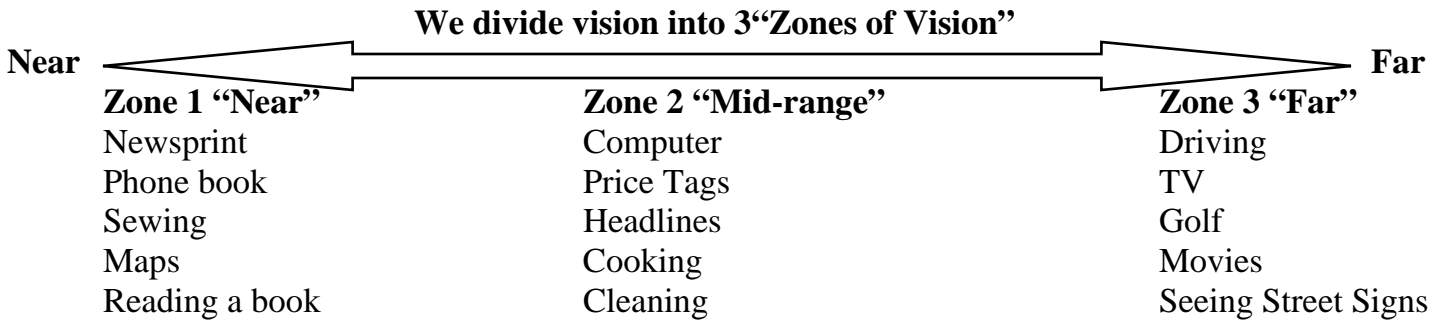


Austin Eye Clinic Cataract and Refractive Lens Exchange Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. This questionnaire will assist us in providing the treatment best suited for your visual needs if it is determined that surgery is appropriate for you. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. Are you interested in seeing well **at distance** without glasses after surgery?
 Prefer no distance glasses. **Not important to me. I wouldn't mind wearing distance glasses.**
2. Are you interested in seeing well **at near** without glasses after surgery?
 Prefer no reading glasses. **Not important to me. I wouldn't mind wearing reading glasses.**
3. Zones of Vision.



Which group of "Zones of Vision" is the **most** important group to you? Please choose **only one** of the following three options of Group A, B or C:

Group A: Zones 1 and 3. **Group B: Zones 2 and 3** **Group C: Zones 1 and 2**

4. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses? **Reading fine print.** **Computer.** **Driving**
5. If you could have good **distance vision during the day** without glasses, and good **near** vision for reading without glasses, but the compromise was that you might see some **halos** around lights at night, would you like that option? **Yes** **No**

6. If you could have good **distance vision during the day and night** without glasses, and good **computer-distance (Zone 2)** vision without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? **Yes** **No**

7. Do you see glare and/or haloes around lights at night currently? Yes No (please circle)
 If yes to question 7, is your glare/halo mild, moderate or severe (please choose one)

8. Please place an "X" on the following scale to describe your personality as best you can:

[-----I-----]-----]
 Easy going Perfectionist

Please Sign Here _____ Date _____ 7/25/06