HAAS VISION
CENTER

Patient Name:_____

Have you been bothered by:

_____ Blurry Vision

_____ Hazy Vision

_____ Glare

_____ Poor Night Vision

_____seeing in poor or dim light

_____ Halos

_____ Seeing rings or stars around lights

_____ Frequent changes in glasses

Have you noticed difficulty with your vision when you:

_____ Work at your job

_____ Manage your home

_____ Watch TV

_____ Get around your home

_____ Use a computer

_____ Read Newspapers

_____ Read labels

_____ Read price tags

_____ Shop for groceries

_____ Drive during daylight hours

_____ Drive during the evening/night hours

_____ See traffic signs

_____ Sew or do crafts

_____ Play golf

_____ Enjoy recreation or leisure

_____ Recognize people

_____ Other

Patient Signature: _____

Date: _____

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Patient Name: _____

Vision Lifestyle Survey

We want to help you maintain excellent vision. We will be evaluating you soon for cataracts. The term "cataracts" refers to a cloudy lens within the eye. When a cataract is removed, a lens implant is used to replace the cloudy natural lens. If it is determined that a lens implant is appropriate for you, your answers below will help in determining which implant best suits the demands of your lifestyle. Please fill this form out completely and bring it with you to your evaluation.

1. If lens replacement is recommended for you, please rate your vision preferences at the following distances:

   Distance Vision: driving, golf, tennis, sports, watching TV

   - ☐ Prefer no distance glasses
   - ☐ I wouldn't mind wearing glasses for distance

   Mid-Range Vision: computer, menus, price tags, cooking, board games

   - ☐ Prefer no mid-range glasses
   - ☐ I wouldn't mind mid-range glasses

   Near vision: reading books and newspapers, doing detailed handiwork

   - ☐ Prefer no near glasses
   - ☐ I wouldn't mind near glasses

2. Please check the single statement that best describes you in terms of **night vision**:
   - ☐ Night vision is extremely important to me and I require the best possible quality.
   - ☐ I want to be able to drive comfortably at night but I would tolerate some light imperfections.
   - ☐ Night vision is not important to me

3. If you **had to wear glasses for one activity**, after surgery, which activity would you be most willing to wear glasses?
   - ☐ Distance Vision (driving, watching tv)
   - ☐ Mid-Range Vision (computer, dashboard)
   - ☐ Near Vision (reading, fine print)

4. 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 or rings around lights at night**, would that be okay?

   YES or NO

5. If you could have good distance vision and mid-range vision during the day and night without glasses, but the compromise was that you **might need glasses for reading** fine print at near, would you like that option?

   YES or NO

6. How many hours do you spend:

   _____ on the computer?

   _____ reading books, newspapers or small print?

   _____ driving?

7. List your hobbies or work activities:

8. Place an x on the scale to describe you personality as best you can:

Easygoing Perfectionist

Signature:_____

Date:_____

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Pre-Operative Questions for Cataract Surgery

Patient Name:_____

1. Have you worn contacts within the **past two weeks**? YES or NO

   If yes: Soft contact lenses, please do NOT wear for two weeks **prior** to consult
   Hard contact lenses, please do NOT wear for 1 month **prior** to consult

2. Have you ever had eye surgery before? YES or NO

   (LASIK, PRK, RK, Corneal, Retinal, Strabismus etc.)

   If yes, what type of eye surgery:_____

   If you had LASIK was it for farsighted or nearsighted_____

3. Have you ever used any of the following medicines (even once) – Circle medicine(s)
   (Usually for prostate or urinary problems)

Flomax or Tamsulosin

Cardura or Doxazosin

Minipress or Prazosin

Hytrin or Terazosin

Saw Palmetto

Uroxatral or Alfuzosin

Rapaflo or Silodosin

Proscar or Finasteride

Avodart or Dutasteride

Patient Signature:_____

Date:_____