

Asheville **eye** Associates

Office use only: Account: _____

DOB: _____

1. After surgery, would you be interested in seeing well without glasses in the following situations?

Distance vision (driving, walking, golf, watching TV or theater performances)

___ Prefer no **DISTANCE** glasses.

___ Not important, I wouldn't mind wearing **DISTANCE** glasses.

Mid-Range Vision (computer, dashboard, items on a store shelf, my face in a mirror)

___ Prefer no **MID-RANGE** glasses.

___ Not important, I wouldn't mind wearing **MID-RANGE** glasses.

Near Vision (reading, cell phone, medicine labels)

___ Prefer no **NEAR** glasses.

___ Not important, I wouldn't mind wearing **NEAR** glasses.

2. Please check the **single** statement that best describes you in terms **night vision**:

___ Night vision is extremely important to me, and I require the best possible quality night vision.

___ I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.

___ Night vision is not particularly important to me.

3. If you had to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses?

___ **Distance Vision**

___ **Near Vision**

4. If you could have good **Distance & Mid-range** or **Near vision without glasses**, but the compromise was that you might see some rings or starburst around lights at night, would you like that option?

___ YES ___ NO

5. Please place an "X" on the following scale to describe your motivation to reduce dependence on glasses:

[----- | -----]

Prefers glasses at all times

Somewhat interested

I hate glasses

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

[----- | -----]

Easy Going

Perfectionist

7. Please list your occupation and/or hobbies: _____

Please Sign Here: _____