

PATIENT QUESTIONNAIRE

Dear Patient,

Your lifestyle, as well as your personal vision requirements and expectations are all important factors to consider when selecting an appropriate intraocular lens (IOL) for your cataract surgery. Please answer the following questions to help us choose the right treatment option for you.

1

Please insert your personal data:

Name: _____ Age: _____ Profession: _____

2

What hobbies /leisure activities do you pursue?

3

How many hours do you spend on these activities every day?

- | | | | |
|---|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="radio"/> ___ Computer work | <input type="radio"/> ___ Reading | <input type="radio"/> ___ Watching TV | <input type="radio"/> ___ Garden work |
| <input type="radio"/> ___ Fine handwork | <input type="radio"/> ___ Driving | <input type="radio"/> ___ Cooking | <input type="radio"/> ___ Shopping |
| <input type="radio"/> ___ Playing chess/cards | <input type="radio"/> ___ Walking | <input type="radio"/> ___ Biking | <input type="radio"/> ___ Other |

4

How good is your vision without glasses for the following distances and conditions?

- | | | | | |
|--|---------------------------------|----------------------------|----------------------------|---------------------------------|
| a) Close distance (reading fine print) | <input type="radio"/> very good | <input type="radio"/> good | <input type="radio"/> poor | <input type="radio"/> very poor |
| b) Intermediate distance (computer work) | <input type="radio"/> very good | <input type="radio"/> good | <input type="radio"/> poor | <input type="radio"/> very poor |
| c) Far distance (driving) | <input type="radio"/> very good | <input type="radio"/> good | <input type="radio"/> poor | <input type="radio"/> very poor |
| d) Dim light (at night) | <input type="radio"/> very good | <input type="radio"/> good | <input type="radio"/> poor | <input type="radio"/> very poor |

5

**Do you currently wear glasses and, if yes, for what distances /activities?
(please choose all relevant answers)**

- | | |
|---|--|
| <input type="radio"/> Yes, for close distance (reading fine print). | <input type="radio"/> No, currently I do not wear glasses. |
| <input type="radio"/> Yes, for intermediate distance (computer work). | |
| <input type="radio"/> Yes, for far distance (driving). | |

6

What kind of glasses do you have?

- | | |
|---|--|
| <input type="radio"/> Progressive spectacles | <input type="radio"/> I do not know what type of glasses I have. |
| <input type="radio"/> Bifocal spectacles | |
| <input type="radio"/> Different types of spectacles (each one for a different distance) | |

7

Does it bother you to wear glasses?

- | |
|--|
| <input type="radio"/> Yes, wearing glasses bothers me a lot. |
| <input type="radio"/> In some situations – I would prefer not having to wear glasses the whole time. |
| <input type="radio"/> No, I do not mind wearing glasses at all. |

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How important is it for you NOT to have to wear glasses for the following distances/activities after surgery:

a) Seeing up close (reading, fine handwork)

very important quite important not so important completely unimportant

b) Intermediate vision (computer work, shopping, cooking)

very important quite important not so important completely unimportant

c) Seeing in the distance (driving, sports)

very important quite important not so important completely unimportant

9

Which statement best describes your vision requirements at night:

Good vision is very important to me in all light conditions.

I stay up late performing different activities such as driving so I need good vision also at night.

I am not very active at night, so my night vision does not need to be perfect.

10

Do you experience any disturbing light phenomena at night such as light reflections, dazzle, etc.?

Yes, very often From time to time No, never I am not sure

11

How do you react to light phenomena at night such as light reflections, dazzle, etc.?

I am very sensitive to all light phenomena, I find them very disturbing.

The night light phenomena annoy me.

I can tolerate light phenomena quite well.

Light phenomena do not bother me at all.

12

Please choose the statements that best describe you as a person (tick all that apply)

I do a lot in my spare time.

I like spotting and correcting mistakes.

I always know where I have put my personal things like keys, glasses or my mobile phone.

I set high standards for myself and others.

I enjoy talking to my friends and family.

I don't like compromises: I always go for the best.

I am very well informed about medical topics.