

Thanks for taking this survey. Please answer all the questions on each page, then click Next at the bottom of the page.

This information is being collected for research purposes, and you may choose not to respond if you do not wish to participate. If you participate, we may use information in your answers along with your prior vision measurement from your medical records. No personally identifying information about you will be shared with anyone outside of our practice and legally entitled business associates.

Cataract Satisfaction Survey

Page One

Thanks for taking this survey. Answer all the questions on each page, then click Next at the bottom of the page.

1. Overall, how satisfied are you with your vision after your latest surgery? *

- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
-

2. How likely are you to refer a friend or family member for the same surgery? *

- Very likely
 - Somewhat likely
 - Neither likely nor unlikely
 - Somewhat unlikely
 - Very unlikely
-

3. Before surgery, what fears did you have, if any? (select all that apply)

- Going blind
- Needing glasses after surgery
- Pain
- Having blurry vision
- No fears

Other

4. Have you already referred friends for the same surgery?

- Yes, all my friends
 - A few people
 - One or two
 - No one
-

5. For what types of activities do you need glasses to see (other than sunglasses)? (check all that apply or none) *

- Driving
 - Reading (including fine print)
 - Seeing the computer monitor
 - Watching TV
 - Sports/Hobbies
 - None of the above
-

About Needing Glasses for Driving

6. How often do you wear glasses for driving? *

- Rarely
 - Sometimes
 - Frequently
 - All the time
-

7. For what driving situation might you need glasses? (select all that apply) *

- Night driving

- Unfamiliar places
 - Freeway driving
 - Other
-

8. How much does it bother you that you need to wear glasses to drive? *

- Not at all
 - Just a little
 - A fair amount
 - Very much
 - Extremely
-

About Needing Glasses for Reading

9. How often do you wear glasses for reading? *

- Rarely
 - Sometimes
 - Frequently
 - All the time
-

10. For what reading situation might you need glasses? (select all that apply) *

- Fine print
 - Dim light
 - Prolonged reading
 - Other
-

11. How much does it bother you that you need to wear glasses to read? *

- Not at all
 - Just a little
 - A fair amount
 - Very much
 - Extremely
-

About Needing Glasses for the Computer

12. How often do you need glasses to see the computer monitor? *

- Rarely
 - Sometimes
 - Frequently
 - All the time
-

13. For what type of computer viewing do you need glasses the most? (select all that apply) *

- Reading text
 - Watching videos
 - Viewing photos
 - Other
-

14. How much does it bother you that you need to wear glasses to see the computer monitor? *

- Not at all
 - Just a little
 - A fair amount
 - Very much
 - Extremely
-

About Needing Glasses for TV

15. How often do you wear glasses for watching TV *

- Rarely
 - Sometimes
 - Frequently
 - All the time
-

16. For what TV situation might you need glasses? (select all that apply) *

- Seeing the captions
 - Watching sports
 - All TV watching requires glasses
 - Other situations
-

17. How much does it bother you that you need to wear glasses to watch TV? *

- Not at all
 - Just a little
 - A fair amount
 - Very much
 - Extremely
-

About Needing Glasses for Sports or Hobbies

18. What hobby activities require you to wear glasses (other than sunglasses) to see? (check all that apply) *

- Tennis
- Golfing
- Watching sports

Playing cards

Other

19. How much does it bother you that you need to wear glasses for sports and hobbies? *

- Not at all
- Just a little
- A fair amount
- Very much
- Extremely

Glare and Haloes

20. With or without glasses, how much do you notice glare or haloes around lights in dim light situations? *

- Not at all
- Just a little
- A fair amount
- Very much
- Extremely

21. Did you know in advance you might see these glare and haloes? *

- Yes, I remember very well being told in advance.
- Yes, I knew, but I didn't expect it to be so noticeable
- No, I didn't know

Choosing Your Surgeon and Implant

22. What made you you choose your surgeon? (check all that apply) *

- Recommended by a friend/family member
 - Recommended by my optometrist
 - Recommended by my primary care doctor
 - Read about the doctor online
 - Insurance company referred me
 - A hospital referred me
 - Other
-

23. What factors made you choose the type of lens implant you did, whether it was upgraded or standard? (select all that apply) *

- Cost
 - Desire to see without corrective lenses
 - Advice from friends/family
 - Advice from doctors
 - TV advertising
 - Other
-

24. How likely would you be to choose the same lens again? *

- Very likely
 - Somewhat likely
 - Neither likely nor unlikely
 - Somewhat unlikely
 - Very unlikely
-

25. For what kinds of activities is it most desirable for you to see without corrective lenses? (select all that apply) *

- Driving
 - Reading
 - Sports (golf, tennis, biking, running, fishing)
 - Parties and going out
 - Hobbies
 - Other
-

Final Comments

26. What, if anything, do you like about having had your surgery?

27. What, if anything, do you dislike about having had your surgery?

Thank You!

Thank you so much for taking the survey! Your name will automatically be entered in a contest to win an iPad. If you have problems or any questions that our staff can assist you with, please call 949 951 2020, and ask to speak with your surgical counselor. Thank you for being a patient of our practice!
