

Vivity Study Data Entry

Demographics Info

Site Name: _____

Name of the Surgeon: _____

Patient's Name (last, first): _____

Patient's Date of Birth: _____

Patient's Gender; Female Male

Unique identifier (med rec #): _____

Patient's Phone Number: _____

Meets inclusion and exclusion criteria? Yes No

Dominant eye: OD OS

Surgical Data

	RIGHT EYE	LEFT EYE
Surgery date	___/___/___	___/___/___
Femtosecond laser? (circle)	yes / no	yes / no
Astigmatic incisions? (circle)	yes / no	yes / no
Target refraction		
IOL model (include T#)		
IOL power	+ ____ . ____ D	+ ____ . ____ D
Stable postop manifest refraction date	___/___/___	___/___/___
Stable postop BCVA	20/ _____	20/ _____
PCO grade (circle)	0 / trace / +1 / +2 / +3	
Notes (if any)		

Patient Questionnaire

1. Before surgery, what fears did you have? (Select all that apply):

- Going blind
- Needing Glasses after surgery
- Pain
- Having blurry vision
- Other (specify) _____

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

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

3. 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

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)?

- Driving -- if checked, complete Driving section below
- Reading (including fine print) -- if checked, complete Reading section below
- Seeing the computer monitor -- if checked, complete Computer section below
- Watching TV -- if checked, complete TV section below
- Sports/Hobbies -- if checked, complete Sports/Hobbies section below
- None of the above -- if only this box is checked, skip to

About Needing Glasses for Driving

(skip to next section if you answered question 5 from Patient questionnaire that you do not need 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 (specify): _____

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

(skip to next section if you answered question 5 from Patient questionnaire that you do not need glasses for driving)

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 (specify): _____

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 Computer

(skip to next section if you answered question 5 from Patient questionnaire that you do not need glasses for driving)

12. How often do you wear glasses to see the computer?

- Rarely
- Sometimes
- Frequently
- All the time

(continue to next page)

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13. For what computer situation might you need glasses? (Select all that apply)

- Reading text
- Watching videos
- Viewing photos
- Other (specify): _____

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

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

About Needing Glasses for TV

(skip to next section if you answered question 5 from Patient questionnaire that you do not need 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 (specify): _____

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

(skip to next section if you answered question 5 from Patient questionnaire that you do not need 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/hobbies?

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

Glare and Haloes (for all patients)

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
 N/A—I don't notice glare or haloes

Choosing Your Surgeon and Implant (for all patients)

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

- | | |
|--|--|
| <input type="checkbox"/> Recommended by a friend/family member | <input type="checkbox"/> Recommended by my optometrist |
| <input type="checkbox"/> Recommended by my primary care doctor | <input type="checkbox"/> Read about the doctor online |
| <input type="checkbox"/> Insurance company referred me | <input type="checkbox"/> A hospital referred me |
| <input type="checkbox"/> Other (specify): _____ | |

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
- Advice from doctors
- TV advertising
- Other (specify): _____

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

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

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