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Name \_\_\_\_\_ Date \_\_\_\_\_

### QUALITY OF VISION CHECKLIST

This check list will assist us in providing the treatment best suited for your visual needs if it is determined that cataract surgery is appropriate for you. It is important that you understand that patients still need to wear glasses for some activities after surgery, but due to recent technological advances, we are now able to offer the possibility for you to be less dependent on glasses. Please fill this form out completely and return it to us. If you have any questions, please let us know and we will be happy to assist you.

1. What is your occupation? \_\_\_\_\_
2. Please list your favorite hobbies, sporting and/or recreational activities:  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you interested in seeing well at distance without glasses after surgery?  
\_\_\_ I prefer no distance glasses.  
\_\_\_ Not important to me. I wouldn't mind wearing distance glasses.
4. Are you interested in seeing well at near without glasses after surgery?  
\_\_\_ I prefer no reading glasses.  
\_\_\_ Not important to me. I wouldn't mind wearing reading glasses.
5. How important would it be for you to be free from glasses for your daily activities?  
  
\_\_\_ Very Important    \_\_\_ Moderately important    \_\_\_ Not important
6. If you had to wear glasses after your cataract surgery for one of the following activities, which one would you be most willing to wear glasses for?  
 Reading fine print  
 Using a computer or cooking  
 Driving a car

**OVER** →

7. If you could have good vision for driving during the day without glasses, and good near vision without glasses in most situations, would you be willing to tolerate some halos and glare around lights at night?
- Yes  
 No
8. Which of the following activities would you be interested in seeing well without glasses?
- Reading the newspaper  
 Reading the prescription medicine bottle  
 Looking at your watch  
 Working on your computer  
 (Ladies) Putting on your make up  
 (Men) Shaving your face  
 Driving  
 Watching TV
9. Please place an "X" on the following scale to describe your personality as best you can:

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Easy Going

Perfectionist

10. Please tell us about quality of vision and lifestyle concerns that you have:

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11. Are you interested in obtaining information about financing options?

Yes       No

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Signature

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Date