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DR. RICHARD E. ROTH, DO
EYE & FACIAL PLASTIC SURGEON
BOARD CERTIFIED

Vision Preferences Checklist

Name: _____ DOB: ____/____/____ Date: _____

1. If surgery is recommended for you, would you be interested in seeing well without glasses in the following situations?

Distance Vision: driving, golf, tennis, sports, watching TV, other

- Prefer no distance glasses
- I would like wearing glasses to see distant objects

Mid-range Vision: computer, menus, price tags, cooking, board games, items on a shelf

- Prefer no mid-range glasses
- I would like wearing mid-range glasses

Near Vision: reading books, newspapers, magazines, detailed handwork

- Prefer no near glasses
- I wouldn't mind wearing near glasses

2. What is your occupation? _____

3. Please list your favorite hobbies:

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

Easy going Perfectionist

5. Do you do a lot of night driving: Yes No

6. How enjoyable would it be for you to be less dependent on glasses for your daily activities?

- Very enjoyable
- Enjoyable
- Somewhat enjoyable
- Doesn't matter

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EMPHYSIS OF THE EYES