Benefield Eye Care, pc
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Gulfport, MS 39503
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Questionnaire for possible Lens Implant Surgery

- I have double vision yes_____ no_____
- I have glare yes_____ no_____
- Lights bother me at night yes_____ no_____
- Lights bother me during the day yes_____ no_____
- My vision is blurry yes_____ no_____
- I have difficulty reading yes_____ no_____
- I have difficulty seeing road signs yes_____ no_____
- I can't see to function like I would like to yes_____ no_____
- I would like to see better yes_____ no_____

List a few things that you do on a regular basis that are blurry and cause problems for you:_____

_____

Example: T.V., sewing, computer, playing cards, etc.

Signature_____ Date_____