EXTENDED DEPTH OF FOCUS (EDOF) IOL
PATIENT SCREENING QUESTIONNAIRE
Cataract Surgery Pre-Assessment | Confidential

Patient Name:	Date of Birth:	Date: _____
_____	_____	MRN: _____

HOW TO FILL IN THIS FORM: For each question, check ☐ Yes or ☐ No. A "Yes" on a flagged item (✖ **Absolute** or ★ **Relative**) may affect whether an Extended Depth of Focus (EDOF) lens is right for you. Your surgeon will review all answers with you.

SECTION 1 — YOUR EYE HISTORY

#	Question	Yes / No	Flag
1	Have you ever been told you have macular degeneration (AMD) or another macular disease?	☐ Yes ☐ No	✖ Absolute
2	Do you have diabetic retinopathy or any other disease of the retina (back of the eye)?	☐ Yes ☐ No	✖ Absolute
3	Have you ever had retinal surgery, a retinal detachment, or laser treatment to the retina?	☐ Yes ☐ No	✖ Absolute
4	Do you have glaucoma or have you been told you have damage to your optic nerve?	☐ Yes ☐ No	★ Relative
5	Have you had previous eye surgery such as LASIK, PRK, radial keratotomy (RK), or a corneal transplant?	☐ Yes ☐ No	★ Relative
6	Have you been diagnosed with keratoconus or an irregular-shaped cornea?	☐ Yes ☐ No	✖ Absolute
7	Have you had a serious eye injury, trauma, or any other intraocular (inside the eye) surgery?	☐ Yes ☐ No	★ Relative
8	Have you been told you have a "lazy eye" (amblyopia) in either eye?	☐ Yes ☐ No	★ Relative
9	Do you have significant astigmatism that cannot be fully corrected with glasses?	☐ Yes ☐ No	✖ Absolute
10	Do you have a history of uveitis, iritis, or chronic inflammation inside your eye?	☐ Yes ☐ No	✖ Absolute

SECTION 2 — VISION EXPECTATIONS, PERSONALITY & LIFESTYLE

About this section: These questions help us understand your visual goals, personality, and whether an EDOF IOL suits your expectations. EDOF lenses provide excellent distance and intermediate vision with functional near vision — but low-power reading glasses are often still needed for small print. There are no right or wrong answers — honest responses lead to the best outcome for you.

#	Question	Yes / No	Flag
11	Do you understand that an EDOF lens is designed to give excellent distance and intermediate (arm's-length) vision with functional near vision, and that low-power reading glasses may still be needed for small print, dim lighting, or prolonged reading?	☐ Yes ☐ No	✖ Absolute
12	Is your primary goal to be completely free of glasses under all circumstances — including small print and prolonged reading — with no tolerance for any residual dependence?	☐ Yes ☐ No	✖ Absolute
13	Would you be comfortable keeping a pair of low-power reading glasses on hand for occasional fine-print tasks (e.g., medication labels, menus in dim restaurants)?	☐ Yes ☐ No	Discuss if NO
14	Are you aware that EDOF lenses may produce some glare, halos, or starbursts around lights at night — generally milder than with multifocal lenses but potentially more noticeable than with a standard single-focus (monofocal) lens — and do you accept this as a known trade-off for a wider range of vision?	☐ Yes ☐ No	✖ Absolute
15	Are you very sensitive to glare or halos around lights (for example, is night driving already difficult for you)?	☐ Yes ☐ No	★ Relative
16	Would even a subtle reduction in image contrast or crispness significantly affect your daily function or professional performance?	☐ Yes ☐ No	★ Relative
17	Would you describe yourself as someone who tends to notice and be bothered by small imperfections — for example, do you find it difficult to overlook minor visual disturbances, optical artifacts, or subtle changes in image quality?	☐ Yes ☐ No	★ Relative
18	Are you generally adaptable when adjusting to new visual experiences — for example, have you successfully adapted to progressive (multifocal) glasses lenses or a change in prescription in the past without significant difficulty?	☐ Yes ☐ No	Discuss if NO
19	Does a large part of your day involve intermediate-range activities — computer work, cooking, dashboards, hobbies at arm's length — where you would most value being glasses-free?	☐ Yes ☐ No	✔ Good fit if YES
20	Does your occupation or primary hobby demand sustained, unaided precision at very close range (e.g., jewellery work, fine needlework, dentistry, watchmaking, extensive fine-print reading)?	☐ Yes ☐ No	★ Relative
21	Does your lifestyle involve frequent night driving or activities in high-glare environments (e.g., oncoming headlights, stadium lighting, theatre work) where optical disturbances could significantly impair your function?	☐ Yes ☐ No	★ Relative
22	Do you currently experience significant dry eye symptoms such as persistent burning, stinging, grittiness, or fluctuating vision that is not well controlled?	☐ Yes ☐ No	★ Relative
23	Are you willing to commit to a dedicated post-operative care routine — including regular eye drops, warm compresses, and attendance at all follow-up appointments — to optimise your visual outcome?	☐ Yes ☐ No	Discuss if NO

SECTION 3 — MEDICATIONS & GENERAL HEALTH

#	Question	Yes / No	Flag
24	Do you currently take tamsulosin (Flomax) or any other medication for your prostate or blood pressure in the alpha-blocker class?	☐ Yes ☐ No	★ Relative
25	Do you have diabetes that is not well controlled, or that has already affected your eyes?	☐ Yes ☐ No	★ Relative

#	Question	Yes / No	Flag
26	Have you ever been diagnosed with a neurological condition that affects your vision (e.g., multiple sclerosis, stroke, or brain tumour)?	☐ **Yes** ☐ **No**	★ **Relative**
27	Are you currently taking Plaquenil (hydroxychloroquine) or any other medication known to be toxic to the retina?	☐ **Yes** ☐ **No**	★ **Relative**

LEGEND

✖ **Absolute Contraindication:** EDOF IOL generally NOT recommended.

★ **Relative Contraindication:** Needs careful counselling and shared decision-making with your surgeon.

Discuss if NO: A "No" response warrants a focused counselling conversation before proceeding.

✔ **Good fit if YES:** A "Yes" suggests an EDOF lens may suit your lifestyle particularly well.

FOR SURGEON USE ONLY

Total ✖ Absolute flags: _____ Total ★ Relative flags: _____ Total "Discuss" flags: _____

Recommendation: ☐ Proceed with EDOF IOL ☐ Monofocal preferred ☐ Consider multifocal / other IOL ☐ Further counselling required ☐ Further workup needed

Notes:

_____

_____

Surgeon signature: _____

Date: _____

This screening tool is a clinical aid only and does not replace a full ophthalmic examination or surgeon judgment.