MULTIFOCAL 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 a multifocal lens is right for you. Your surgeon will review all answers with you.

SECTION 1 — YOUR EYE HISTORY

#	Question	Yes / No	Flag if YES
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"	☐ **Yes**	★ **Relative**

#	Question	Yes / No	Flag if YES
	(amblyopia) in either eye?	☐ No	
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 a multifocal IOL suits your expectations. There are no right or wrong answers — honest responses lead to the best outcome for you.

#	Question	Yes / No	Flag if YES
11.	Are you very sensitive to glare or halos around lights (for example, is night driving already difficult for you)?	☐ Yes ☐ No	★ Relative
12.	Are you aware that multifocal lenses may produce more noticeable glare and halos around lights — particularly at night — compared to a standard single-focus (monofocal) lens, and do you understand this is a known trade-off for gaining a wider range of vision by reducing your dependence on glasses?	☐ Yes ☐ No	✖ Absolute
13.	Do you understand that while most multifocal IOL patients achieve significantly reduced dependence on glasses, a small prescription for glasses — particularly for prolonged fine print — may still occasionally be needed, and that spectacle-free vision cannot be guaranteed?	☐ Yes ☐ No	✖ Absolute
14.	Is your primary goal to be completely free of glasses under all circumstances, with no tolerance for any residual dependence?	☐ Yes ☐ No	✖ Absolute
15.	Would even a subtle reduction in image contrast or crispness significantly affect your	☐ Yes	★ Relative

#	Question	Yes / No	Flag if YES
	daily function or professional performance?	☐ No	
16.	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
17.	Are you generally adaptable when adjusting to new visual experiences — for example, have you successfully adapted to progressive (multifocal) glasses lenses in the past without significant difficulty?	☐ Yes ☐ No	Discuss if NO
18.	If you have previously worn progressive (multifocal) spectacle lenses: were you able to comfortably adapt to finding and using the different focal zones (e.g., looking through the correct part of the lens for distance versus reading)?	☐ Yes ☐ No	Discuss if NO
19.	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
20.	Does your occupation or primary hobby demand the highest possible level of unaided visual precision at a single fixed distance (e.g., airline pilot, professional marksman, precision microscopy, competitive shooting)?	☐ Yes ☐ No	★ Relative
21.	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
22.	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 if YES
23.	Do you currently take tamsulosin (Flomax) or any other medication for your prostate or blood pressure in the alpha-blocker class?	☐ Yes ☐ No	★ Relative
24.	Do you have diabetes that is not well controlled, or that has already affected your eyes?	☐ Yes ☐ No	★ Relative
25.	Have you ever been diagnosed with a neurological condition that affects your vision (e.g., multiple sclerosis, stroke, or brain tumour)?	☐ Yes ☐ No	★ Relative
26.	Are you currently taking Plaquenil (hydroxychloroquine) or any other medication known to be toxic to the retina?	☐ Yes ☐ No	★ Relative

LEGEND

✖ **Absolute Contraindication:** Multifocal 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.

FOR SURGEON USE ONLY

Total ✖ Absolute flags: _____

Total ★ Relative flags: _____

Total 'Discuss' flags: _____

Recommendation: ☐ Proceed with MF-IOL ☐ Monofocal preferred ☐ 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.