



Lifestyle Vision Questionnaire

Name: _____ Date: _____

We recognize that your eyes are very important to you. We would like to know how you use your eyes on a daily basis. Along with your exam, this information will assist us in recommending the best options for your eyes and your personal lifestyle.

Do you wear glasses now? No If Yes: All the time Sometimes
 Only for far distance Only for reading Only for the computer

How do you feel about wearing glasses? _____

If it were possible to go without glasses most of the time, would you like that? No Yes

What type of visual outcome would you like after cataract surgery? (check all that apply)

Reduce need for glasses Reduce my prescription See better than I did before surgery
 I didn't realize there were options

Check the following activities you do on a regular basis, and underline the activities you would like to do without glasses, if possible.

- | | | |
|---|--|---|
| <input type="checkbox"/> Read Newspapers/Books
(Hrs/day _____) | <input type="checkbox"/> Play Tennis | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Read Medicine Bottles | <input type="checkbox"/> Hunt or Fish | <input type="checkbox"/> Use Cell Phone |
| <input type="checkbox"/> Needlepoint/Sew | <input type="checkbox"/> Paint/Draw | <input type="checkbox"/> Watch Movies in Theatre |
| <input type="checkbox"/> Crossword Puzzles | <input type="checkbox"/> Watch Spectator Sports | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Participate in Water Sports | <input type="checkbox"/> Dine in Restaurants | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Drive – Daytime | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Visit/Care for Grandchildren |
| <input type="checkbox"/> Drive – Nighttime | <input type="checkbox"/> Play Cards/Dominos | <input type="checkbox"/> Other (please list below) |
| <input type="checkbox"/> Shop | <input type="checkbox"/> Use the Computer
(Hrs/day _____) | _____ |
| | | _____ |

How important is it for you to read or use the computer without glasses?

Very important Important Not important

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

Easy going Perfectionist