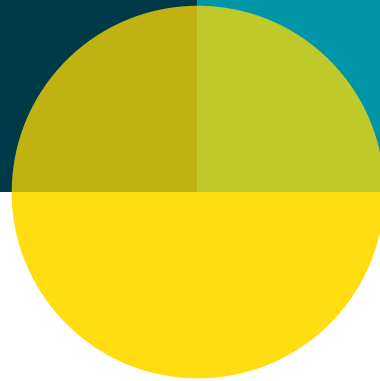


# Lifestyle Vision Questionnaire



Name: \_\_\_\_\_

Date: \_\_\_\_\_

There are a variety of lens options for cataract surgery that can give you clearer vision and may also reduce your dependency on glasses. Please help us better understand what is important to you.

Please circle the following activities that you do on a regular basis and are important to your lifestyle. Circle all that apply.

FAR	INTERMEDIATE	NEAR
Driving—Daytime	Computer	Cell Phone
Driving—Nighttime	Tablet/iPad	Reading <i>(books, newspapers, menus, medicine bottles)</i>
Golf/Tennis/Other Sports	Shopping	Crosswords/ Other Puzzles
Movies/Theatre	Cooking	Sewing/Needlepoint
Photography/Scenic Travel	Playing Cards	Tying Flies
Other:	Other:	Other:

Continued...

**Do you wear glasses now?** YES | NO *If yes:*

- All of the time     Sometimes     Only for far distance
- Only for reading     Only for computer use

**Do you like wearing glasses?** YES | NO

**If you need glasses after cataract surgery (always a possibility), for which activity would you be most willing to wear glasses? Please check one.**

- Reading (*near vision*)     Computer Use (*intermediate vision*)     Driving (*far vision*)

**How much time per day do you spend using electronic devices? (Cell phone, computer, tablet/iPad, etc.)**

- Less than 1 hour     1-3 hours     4-6 hours     More than 6 hours

**With your current vision, are you having any difficulty with the following? Circle all that apply.**

- Bright Daylight     Nighttime Streetlights/Headlights     Reading

**Which of the following best describes your personality type?**

- Easygoing     Flexible     Organized/Planner     Perfectionist

**Questions for your surgeon:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_