



RIGHT EYE

LEFT EYE

Lifestyle Vision Survey

HOBBIES: _____

OCCUPATION: _____

DOES YOUR VISION CAUSE DIFFICULTIES PREVENTING PARTICIPATION AND AFFECTING DAILY LIFE ACTIVITIES IN THE FOLLOWING AREAS, THAT YOU HAVE BEEN UNABLE TO IMPROVE DESPITE ADEQUATE GLASSES?

IF YES PLEASE EXPLAIN:

| | | | |
|---------------------|-----|----|-------|
| NIGHT DRIVING | YES | NO | _____ |
| NIGHT TIME HALOS | YES | NO | _____ |
| SUNLIGHT GLARE | YES | NO | _____ |
| READING SMALL PRINT | YES | NO | _____ |
| COMPUTER WORK | YES | NO | _____ |
| NEAR WORK | YES | NO | _____ |
| READING ROAD SIGNS | YES | NO | _____ |
| GOLF | YES | NO | _____ |
| HOBBIES | YES | NO | _____ |
| WORK OR OCCUPATION | YES | NO | _____ |
| TELEVISION | YES | NO | _____ |

PLEASE EXPLAIN VISUAL DIFFICULTIES GLASSES DO NOT IMPROVE:

Signature: _____ Date: _____

PLEASE TURN OVER PAGE FOR THE REST OF THE SURVEY

QUESTIONS TO ASSIST LENS IMPLANT CHOICE WITH CATARACT REMOVAL

| | |
|---|---|
| How would you feel about needing glasses after cataract surgery for distance tasks: driving, golf, tennis, other sports, watching TV? | <input type="checkbox"/> Prefer no distance glasses <input type="checkbox"/> I wouldn't mind wearing distance glasses |
| How would you feel about needing glasses after cataract surgery for mid-range tasks: seeing the computer, menus, price tags, cooking, board games? | <input type="checkbox"/> Prefer no mid-range distance glasses <input type="checkbox"/> I wouldn't mind wearing mid-range glasses |
| How would you feel about needing glasses after cataract surgery for near vision tasks: reading books, newspapers, magazines, doing detailed homework? | <input type="checkbox"/> Prefer no near glasses <input type="checkbox"/> I wouldn't mind wearing near glasses |
| Please check the single statement that best describes you in terms of night vision | <input type="checkbox"/> Night vision is extremely important to me, and I require the best possible quality <input type="checkbox"/> I want to be able to drive comfortably at night, but I would tolerate some slight imperfections <input type="checkbox"/> Night vision is not important to me |
| If you had to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses? | <input type="checkbox"/> Distance vision <input type="checkbox"/> Mid-range vision <input type="checkbox"/> Near vision |
| If you could have good distance vision during the day without glasses, and good near vision for reading without glasses, but the compromise was that you might see some halos around lights at night, would that be ok? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you could have good distance vision and mid-range without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many hours per day do you spend | _____ On the computer _____ Reading books or small print _____ Driving |
| List your favorite hobbies or work activities. | |

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

[1]-----[5]-----[10]
 Easy Going Perfectionist

Signature: _____ Date: _____