

# VISION LIFESTYLE QUESTIONNAIRE



Name (Print): \_\_\_\_\_

Are you having any difficulty with the following with your current vision?

- |  |  |
|--|--|
| <input type="checkbox"/> Using phone                           | <input type="checkbox"/> Reading books/newspaper                 |
| <input type="checkbox"/> Seeing TV clearly                     | <input type="checkbox"/> Recognizing people's faces              |
| <input type="checkbox"/> Hazy, foggy, or blurry vision         | <input type="checkbox"/> Seeing to drive either day or night     |
| <input type="checkbox"/> Reading price tags or medicine labels | <input type="checkbox"/> Halos around lights at night            |
| <input type="checkbox"/> Bright sunlight when outside          | <input type="checkbox"/> Glare from oncoming headlights at night |

*Cataract surgery can almost always be postponed until you feel you need better vision. If you are not satisfied with your vision and a change in glasses will not improve your vision any longer, cataract surgery may be the next step. **Do you feel your vision is bad enough to consider cataract surgery now?** (please circle one)    **YES**    **NO***

Although I may currently need glasses my preference **after** surgery is to: \_\_\_\_\_ (please choose one)

	DISTANCE	NEAR
<input type="checkbox"/> See both distance <u>AND</u> near <b>without</b> glasses		
<input type="checkbox"/> See at distance without glasses but wear glasses to see at near		
<input type="checkbox"/> Rely on glasses for both distance and near		

Patient Signature: \_\_\_\_\_

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

There are a variety of options for cataract surgery that will not only give you clearer vision but may also reduce your dependency on glasses. Please help us better understand what is important to you in order to determine which option is best suited for your lifestyle.

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

### Distance Vision

 Driving - daytime

 Watching TV/Movies

 Driving - nighttime

 Viewing scenery/Taking photographs

 Golfing/Other sports

Other: \_\_\_\_\_

### Intermediate Vision

 Seeing car dashboard

 Shopping

 Using computer

 Gardening

 Cooking

Other: \_\_\_\_\_

### Near Vision

 Reading books/Newspapers

 Sewing/Needlepointing

 Doing crossword puzzles

 Reading Medicine Labels

 Using cell phone/tablet

Other: \_\_\_\_\_

Not all options to reduce your dependency on glasses are covered by insurance and may require additional payment. Are you interested in options to reduce your dependency on glasses which may not be covered by insurance?

Yes

No

Maybe