



Lifestyle Questionnaire

Visual Functioning

Do you have difficulty, even with glasses, with the following activities?

- | | | |
|--|-----|----|
| Reading small print, pill bottles, newspaper, books or the telephone book? | Yes | No |
| Reading traffic signs, street signs or store signs? | Yes | No |
| Doing fine handwork like sewing, knitting or carpentry? | Yes | No |
| Other specific visual task concerns: _____ | | |

Symptoms

Have you been bothered by:

- | | | |
|---|-----|----|
| Poor night vision, color vision or double vision? | Yes | No |
| Hazy and/or blurry vision? | Yes | No |
| Seeing in poor or dim light? | Yes | No |
| Seeing rings or halos around lights at night while driving? | Yes | No |
| Glare caused by headlights or bright sunlight? | Yes | No |
| Do you do a lot of night driving? | Yes | No |
| Do you have dry eyes? | Yes | No |
| Do your eyes water a lot? | Yes | No |

Lifestyle Considerations

What is or was your occupation? _____

- | | | |
|---|-----|----|
| Do you use the computer frequently? | Yes | No |
| Do you do a lot of close detailed work? | Yes | No |
| Do you like wearing glasses to correct your vision? | Yes | No |
| Do you wear progressive or no-line bifocals? | Yes | No |
| Do you take your glasses off to read or do fine work? | Yes | No |
| Have you had previous refractive surgery (LASIK, PRK, RK)? | Yes | No |
| Do you wear contact lenses? | Yes | No |
| If so did/do you wear: | | |

- Distance contacts with readers Monovision contacts Multifocal contacts

Your Goals for surgery

I want to improve my vision and I:

- would be happy to wear glasses all the time to fine tune my vision
- would like to have good distance vision without glasses and wear glasses for computer and reading
- would like to have good distance and near vision without glasses and rely on minimal glasses