Vision Lifestyle Questionnaire

Name: ____________________________  DOB: ________  AGE: ______

There are a variety of options for refractive 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
- 🚗 Driving—nighttime
- 🏌️ Golfing/Other sports

- 🎥 Watching movies/Going to theater
- 📸 Viewing scenery/Taking photographs

- Other: __________________________

**Intermediate Vision**
- 🕒 Seeing car dashboard
- 🖥 Using computer
- 🍭 Using tablet

- 🛍 Shopping
- 🟢 Playing cards

- Other: __________________________
Near Vision

- Reading books/newspapers
- Sewing/Needlepointing
- Doing crossword puzzles
- Applying makeup
- Using cell phone
- Other: ________________________

Are you currently having any difficulty with the following scenarios?

- Bright daylight
- Nighttime streetlights/headlights
- Reading

Please place an “X” on each continuum where it best describes how you feel about the following:

- **Correction of near vision:** (eg, reading, use of phone)
  - I want to wear glasses
  - I don’t want to wear glasses

- **Correction of intermediate vision:** (eg, using tablet/computer)
  - I want to wear glasses
  - I don’t want to wear glasses

- **Correction of distance vision:** (eg, driving, watching television)
  - I want to wear glasses
  - I don’t want to wear glasses

Your doctor will discuss the advantages and disadvantages of the various options for refractive surgery. Please indicate level of knowledge and understanding.

- Not knowledgeable
- Somewhat knowledgeable
- Knowledgeable

Which of the following best describes your personality type?

- Easygoing
- Flexible
- Organized/Planner
- Perfectionist

Patient Signature: _______________________________