

LIFESTYLE AND VISUAL QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____ Today's Date: _____

If employed, what is your occupation? _____

What activities do you enjoy or do frequently?

- | | | |
|---------------------|----------------|--|
| _____ Reading | _____ Computer | _____ Watching TV |
| _____ Sewing | _____ Driving | _____ Watching/playing sporting events |
| _____ Playing Cards | _____ Cooking | |
- Other (please list): _____

Do you have difficulty with any of the following activities?

- | | |
|---|------------------------------------|
| _____ Reading, sewing or any other near activities | _____ Working on a computer/tablet |
| _____ Seeing/reading road signs at a proper distance | _____ Driving |
| _____ Recognizing faces or seeing the clock across the room | |
- Other (please list): _____

Have you experienced any of the following?

- | | |
|--|--|
| _____ Halos, glare or difficulty seeing at night | _____ Difficulty with color perception |
| _____ Difficulty with depth perception | _____ Overall decrease in vision |
- Other (please list): _____

Place an "X" on the line/scale below to describe your motivation to reduce your dependency on glasses:

●-----●
I wouldn't mind wearing glasses after surgery; I only want what is covered by insurance

I want to see well at distance and near after surgery; I wouldn't mind paying extra for a reduced dependency on glasses

Please select the vision/activity which is most important to you following cataract surgery:

- _____ Near vision activities, such as reading or sewing, with a reduced dependence on glasses.
- _____ Intermediate vision activities, such as working on a computer/tablet or cooking, with a reduced dependence on glasses.
- _____ Distance vision activities, such as driving or watching TV, with a reduced dependence on glasses.
- _____ All of the activities above are important to me; I'm very motivated to decrease my dependency on glasses at all distances.

Place an "X" on the line/scale below to describe your personality as best you can:

●-----●
Easygoing

Perfectionist

Patient Signature: _____

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