

Lifestyle Questionnaire

Name: _____ Date: _____

Lens replacement is often ideal for people who have presbyopia, cataracts, or prescriptions that are out-of-range for laser vision correction. Since there are many lens options available, this questionnaire will assist us in determining which lens best suits your visual needs and lifestyle. If you have questions, please let us know and we will be happy to assist you.

1. Following your procedure, which of the following situations would you prefer to see well without glasses:

Distance Vision – Driving, golf, movies, etc

Prefer no distance glasses Wouldn't mind distance glasses

Near Vision – Reading books, puzzles, sewing, etc

Prefer no near glasses Wouldn't mind near glasses

2. We divide vision into 5 Zones of Vision:

Near ←-----→ Far

Zone 1 (12-20 in.)	Zone 2 (2-4 ft.)	Zone 3 (6-20 ft.)	Zone 4 (20-100 ft.)	Zone 5 (100 ft. plus)
Newsprint Crosswords Maps Sewing	Headlines Computer Cards/Games Price Tags	Clocks TV Cooking Cleaning	Tennis Driving Golf Road Signs	Sports Events Night Driving Movies Star Gazing

Which one group of "Zones of Vision" is the most important group to you?

Group A (Zones 1, 2, 3) Group B (Zones 2, 3, 4) Group C (Zones 3, 4, 5)

3. If you had to wear glasses after your procedure for one of the following activities, which would you choose?

Reading fine print Computer work Driving

4. Please select the statement that best describes your feelings in terms of night vision:

Night vision is extremely important to me, and I require the best possible quality night vision
 I want to be able to drive comfortably at night, but I would tolerate some slight imperfections
 Night vision is not particularly important to me

5. If there are costs not covered by insurance, would you be interested in learning about your financing options?

Yes No

6. Please describe your personality as best you can on a scale of 1 to 10:

1 2 3 4 5 6 7 8 9 10

Easy Going

Somewhere In-between

Perfectionist