

LIFESTYLE QUESTIONNAIRE

Patient name: _____ Date of birth: _____

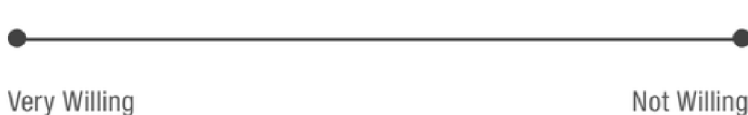
1. What are your hobbies / interests?

(Circle all that apply.)

Distance	Mid-range	Near
Driving	Watching TV	Reading
Golf	Computer	Cooking
Hunting	Menus	Crafts

2. Of the items you circled above, rate in order of importance:

3. How willing are you to continue wearing glasses or contact lenses after lens surgery? Please answer by placing an "X" on the scale.



4. There are many lens choices that are currently available for cataract and refractive lens exchange, including monofocal, multifocal, accommodating and toric lenses. How knowledgeable do you feel about your lens choices?



5. Even though you may currently need glasses, surgery gives you the option to see better with less need for glasses. Which of the following best describes what you would like after surgery? Please circle all that apply.

- A. I want to wear glasses as little as possible.
- B. I am okay with or without glasses.
- C. I want to wear glasses.
- D. I do not want to wear glasses for distance.
- E. I do not want to wear glasses for near.
- F. I want blended vision—one eye for distance and one eye for near.

6. What's your biggest question or concern about your lens choice today?

7. Please place an "X" on the scale to describe your personality type as best as you can.



8. Is your vision effecting your ability to preform hobbies or daily living activities (example watching TV, driving or reading).

Yes

No