

LIFESTYLE QUESTIONNAIRE

NAME

DATE OF BIRTH

 / /

ADDRESS

EMAIL

TELEPHONE NUMBER

THERE ARE A VARIETY OF OPTIONS FOR CATARACT REMOVAL 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 TO YOUR LIFESTYLE.

1 What percentage of the day do you need to wear glasses or contact lenses?

From 0% to 100%

2 Please check the the activities you do regularly and that are important to your lifestyle



DISTANCE VISION

- Driving during the day
- Driving at night
- Golf/other sports
- Watching movies/going to theater
- Looking at the landscape/taking photographs



INTERMEDIATE VISION

- Looking at the car dashboard
- Using a computer
- Using a tablet computer
- Shopping
- Playing cards



NEAR VISION

- Reading books/newspapers
- Doing crossword puzzles
- Using a smartphone
- Sewing/needlepoint
- Applying makeup

3 *Are you having any difficulty with your current vision in the following conditions/ activities?*

Bright daylight

Streetlights/headlights at night

Reading

4 *Indicate which of these phrases describes your night vision needs*

Night vision is extremely important to me and I often drive at night

Night vision is not particularly important for my needs

5 *If cataract removal could give you good distant, near and intermediate vision without having to use glasses, would you tolerate some minor halos and glares at night?*

Definitely

Probably

Probably not

Definitely not

6 *If after cataract removal, you could have good near and intermediate vision without the use of glasses, would you tolerate reading close up with glasses in low light or when the characters are extremely small?*

Definitely

Probably

Probably not

Definitely not