UR MEDICINE | FLAUM EYE INSTITUTE

Lifestyle Questionnaire

Patient Name:_____ Date:_____

If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and turn in to your technician. Please do not hesitate to contact us with any questions.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?
   Distance vision: (driving, golf, tennis, other sports, watching television)
   ____ Prefer no **Distance** glasses. ____ I wouldn't mind wearing **Distance** glasses.

   Mid-range vision: (computer, menus, price tags, cooking, board games, items on a shelf)
   ____ Prefer no **Mid-range** glasses. ____ I wouldn't mind wearing **Mid-range** glasses.

   Near vision: (reading books, newspapers, sewing, detailed handwork)
   ____ Prefer no **Near** glasses. ____ I wouldn't mind wearing **Near** glasses.

2. Please check the **single** statement that best describes you in terms of **night vision:**
   ____ a. Night vision is extremely important to me and I require the best possible quality night vision.
   ____ b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
   ____ c. Night vision is not particularly important to me.

3. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most willing to use** glasses? ____ Distance Vision ____ Mid-range Vision ____Near Vision

4. If you could have good **Distance Vision during the day without glasses,** and good **Near Vision for reading without glasses,** but the compromise was that you might see some **halos or rings** around lights at night, would you like that option? ____ Yes ____ No

5. If you could have good **Distance vision during the day and night** without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? ____ Yes ____ No

6. Surgery to reduce your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract. Would you be interested in learning more about this option?
   ____ Yes ____ No ____ Maybe, it depends on how much is covered by insurance

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

   [----------I----------]
   Easy Going Perfectionist

Patient Signature_____Date_____