



VISUAL QUESTIONNAIRE

To best serve you and your vision care needs, please complete the following visual questionnaire. By completing this document, our team of vision care experts will be able to better understand and accommodate your desired lifestyle and vision goals.

Patient Name: _____ Male Female

Date of Birth: ____/____/____ Age: _____ Telephone: _____

Email: _____

Occupation: _____

Hobbies: _____

HOW MUCH OF A VISION PROBLEM DO YOU HAVE WITH... NONE B Á SEVERE

Glare from sunlight while driving	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Glare around headlights in a car after dark	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty reading street signs far away	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty reading for long periods of time	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty reading with your glasses in dim light	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty with vision for sports (following a golf ball, tennis ball)	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty with hobbies requiring fine vision (sewing, carpentry)	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty seeing small captions on the tv	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Difficulty reading fine print (medicine bottles, food labels)	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Do you drive after dark? (circle)
 Often Sometimes Rarely

Do you use a computer? (circle)
 Often Sometimes Rarely

Do you do a lot of close detail work, like sewing or building models? (circle)
 Often Sometimes Rarely

If you had to wear glasses after surgery for one activity, for which activity would you be most willing to wear glasses? (circle)
 Reading Computer Driving Never/Rarely as Possible

_____/_____/_____
 Patient Signature Date