



## Arbor Eyecare Vision Lifestyle Questionnaire

With cataract or lens exchange surgery, we are exchanging the natural lens in the eye for a new lens. There are options available that can decrease your dependence on glasses or contact lenses. We need to know more about you and your lifestyle in order to recommend the best lens option for you. Please consider these questions, and bring your completed questionnaire to your consultation appointment with Dr. Dale.

1. What do you currently use for focus now? (check all options that apply to you, even if you only use that option some of the time)

- |   |   |
|---|---|
| <input type="checkbox"/> Progressive or bifocal glasses | <input type="checkbox"/> contact lenses                   |
| <input type="checkbox"/> No glasses for distance        | <input type="checkbox"/> over-the-counter reading glasses |
| <input type="checkbox"/> I take glasses off for reading | <input type="checkbox"/> Prescription reading glasses     |

2. For distance vision activities, such as driving, golf or movies, which statement describes you the best:

- I'd prefer no glasses for distance
- I wouldn't mind glasses for distance

3. For near vision activities, such as reading books, sewing or puzzles, which statement describes you the best:

- I'd prefer no glasses for near activities
- I wouldn't mind wearing glasses for near activities

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

reading fine print                      computer work                      driving

5. 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 imperfections
- Night vision is not particularly important to me.

6. Do you have any special hobbies or ways that you spend time that have specific visual needs? For example, embroidery, painting, heavy computer use, target shooting or flying? Please list them here:

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

- Yes
- No

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_