

LODEN VISION CENTERS

Name: _____

Lifestyle Questionnaire

Decreasing vision, especially at near and intermediate distances can cause a tangible effect on your daily life. Wearing glasses or contacts is intended to give you the best possible vision but many people have difficulty wearing glasses during activity, suffer from dry eyes and cannot tolerate wearing contacts, or do not easily adjust to trifocals. To help us evaluate your level of visual functioning and understand how wearing vision correction (glasses and/or contacts) can have an effect on your lifestyle, please answer yes or no to the following questions.

With glasses or contacts are you able to see:

	Yes	NO
Newspaper/Book Print	<input type="checkbox"/>	<input type="checkbox"/>
Computer Screen	<input type="checkbox"/>	<input type="checkbox"/>
Traffic signs easily	<input type="checkbox"/>	<input type="checkbox"/>
Halos around lights	<input type="checkbox"/>	<input type="checkbox"/>
Stairsteps/curbs	<input type="checkbox"/>	<input type="checkbox"/>
TV clearly	<input type="checkbox"/>	<input type="checkbox"/>
Seamlessly at all distances	<input type="checkbox"/>	<input type="checkbox"/>

What activities you would prefer to do without glasses or contacts:

	Yes	No
Read newspaper/books	<input type="checkbox"/>	<input type="checkbox"/>
Read price tags	<input type="checkbox"/>	<input type="checkbox"/>
Apply makeup/shave	<input type="checkbox"/>	<input type="checkbox"/>
Work on computer/PDA	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>
Recreation (golf, tennis, swimming)	<input type="checkbox"/>	<input type="checkbox"/>
Professional requirements	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>

What visual limitation with or without correction interferes most with your lifestyle?

Thank you!