

## Vision Correction Lifestyle Questionnaire

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

How did you first hear about us? Patient: \_\_\_\_\_ Insurance: \_\_\_\_\_ Website: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Billboard: \_\_\_\_\_ Radio: \_\_\_\_\_

Your eyes are very important and we would like to know **how** you use your eyes on a daily basis. Along with your eye exam, this information will assist us to recommend the best options for your personal visual goals.

- Do you wear glasses now?  No If Yes:  All the time  Sometimes  Only for Far Distance  
 Only for Reading  Only for the Computer
- Do you have a particular motivation for wanting laser vision correction? \_\_\_\_\_
- Do you drive at night?  Often  Occasionally

Check the following activities you do on a regular basis:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Bicycle     | <input type="checkbox"/> Motorcycle           | <input type="checkbox"/> Read books/paper    |
| <input type="checkbox"/> Childcare   | <input type="checkbox"/> Movies / Theatre     | <input type="checkbox"/> Recreational Sports |
| <input type="checkbox"/> Computer    | <input type="checkbox"/> Musician             | <input type="checkbox"/> Star gazing         |
| <input type="checkbox"/> Cook        | <input type="checkbox"/> Needlepoint / Sew    | <input type="checkbox"/> Spectator sports    |
| <input type="checkbox"/> Golf        | <input type="checkbox"/> Paint / Draw         | <input type="checkbox"/> Swim / Water Sports |
| <input type="checkbox"/> Hiking      | <input type="checkbox"/> Photography          | <input type="checkbox"/> Television          |
| <input type="checkbox"/> Hunt / Fish | <input type="checkbox"/> Play Cards / Dominos | <input type="checkbox"/> Tennis              |

Underline the above activities that, if possible, you would like to do without glasses/contacts.

Any other regular activities not listed? \_\_\_\_\_

What has prevented you from proceeding with laser vision correction before now?

- Budget  Fear  Changing Prescription  Timing

How soon do you want to have your surgery done? \_\_\_\_\_

Place an "X" on the scale below that best describes your personality:

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Easy going Perfectionist