Vision Questionnaire

Patient Name: _____ Date: _____

Your answers to the following questions will help us determine the custom focus lens implant solution that best meets your vision needs.

1. How many hours per week do you spend driving after dark? _____ Is this important to you? ☐ Yes ☐ No

2. How many hours per week do you spend working on a computer? _____ Is this important to you? ☐ Yes ☐ No

3. How many hours per week do you spend reading small print materials for extended periods (eg, magazine, newspaper, paperback book, Bible)? _____ Is this important to you? ☐ Yes ☐ No

4. How many hours per week do you spend at outdoor activities (eg, golf or other athletics, aviation)? _____ Is this important to you? ☐ Yes ☐ No

5. What type of glasses do you presently wear?
   ☐ Bifocal ☐ Trifocal ☐ Reading only ☐ Distance only ☐ None

6. What type of contact lens do you presently wear?
   ☐ Distance Only ☐ Reading and Distance (Monovision) ☐ Bifocal Contact
   ☐ Hard Lens ☐ Soft Lens

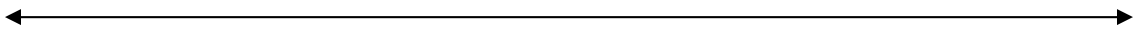
7. Do you presently wear glasses full time for both distance and reading? ☐ Yes ☐ No
   If not, what percentage of the time do you wear your glasses? _____

8. If you sometimes read without your glasses, what percentage of your reading is done with glasses? _____ without glasses? _____

9. If you had to choose just one of the following, which type of focus do you feel that you would prefer to have without glasses?
   ☐ Reading fine print ☐ Social reading (eg, restaurant menu)
   ☐ Computer ☐ TV ☐ Driving

10. Please list any particular activities, hobbies or sports that you consider an important part of your life?

11. Please place an "X" on the following scale to describe your personality:



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