

Cataract, Glaucoma & Retina Consultants of East Texas

Vision Questionnaire

Name: _____ Date: _____

- How important is it for you to see to read without glasses after surgery?
Very important ___ important ___ somewhat important ___ not important ___
How many hours per day do you read? _____
- Do you use a **Computer**? ___ How many hours per day? _____
- Do you drive at night? Socially ___ Occasionally ___ As profession? _____
- What are your favorite hobbies? _____
- Which of the following are activities you would like to be able to do *without* glasses?

Reading newspaper or medicine bottles up close (less than 12 inches from face)

Computer, playing piano or reading music, painting on easel, cooking, Reading menus (12 – 24 inches or more from face)

Driving, sightseeing, movies, golf, fish, hunt, tennis, artist

- What sporting or recreational activities do you currently engage in?

- Please tell us about any vision concerns that are not addressed above:

- Please tell me more about options after surgery to be less dependent on glasses based upon my lifestyle. Yes ___ No ___

- Place an “X” on the following scale to describe your personality as best you can:

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Easy going Perfectionist