



# Visual Function & Lifestyle Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Do you wear glasses?  Yes  No

If yes, indicate type:  Bifocal  Trifocal  Reading Only  Distance Only

Do you mind wearing glasses?  Yes  No

2. Do you wear contacts?  Yes  No

3. Please place an "X" on the scale below that best describes your personality.

[ ----- | ----- ]

*Easy Going*

*Perfectionist*

4. Do you have difficulty (even with glasses), with the following activities?

Hazy or blurry vision? .....  Yes  No

Seeing well in dim light or in the dark? .....  Yes  No

Driving during the day? .....  Yes  No

Driving at night? .....  Yes  No

Reading traffic, street, or store signs? .....  Yes  No

Playing sports such as golf, bowling, etc.? .....  Yes  No

Seeing steps or curbs? .....  Yes  No

Recognizing people's faces? .....  Yes  No

Reading small/fine print? .....  Yes  No

Writing checks or filling out forms? .....  Yes  No

Watching TV? .....  Yes  No

Playing card games or bingo? .....  Yes  No

Doing fine (close detail) hand work? .....  Yes  No

GLARE causing rings or haloes around light? .....  Yes  No

GLARE causing trouble driving at night?.....  Yes  No



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GLARE when driving toward headlights or in bright sunlight?.....  Yes  No

GLARE with performing normal daily activities?.....  Yes  No

GLARE when walking outside on a sunny day?.....  Yes  No

GLARE from TV or computer screen?.....  Yes  No

### 5. How often do you do the following activities?

Reading.....  Often  Sometimes  Rarely

Fine (close detail) hand work.....  Often  Sometimes  Rarely

Computer activities.....  Often  Sometimes  Rarely

Watch TV.....  Often  Sometimes  Rarely

Outdoor activities.....  Often  Sometimes  Rarely

Night driving.....  Often  Sometimes  Rarely

### 6. Do you have any of the following eye symptoms (*check all that apply*)?

Redness

Foreign body sensation

Tired/fatigued eyes

Burning

Itching

Stringy mucous

Light sensitivity

Contact lens discomfort

Excess tearing/watering

Scratchy or gritty feeling

### 7. If you had to wear glasses after eye surgery for one activity, for which activity would you be most willing to wear glasses?

Reading fine print

Computer activities

Driving