

LIFESTYLE QUESTIONNAIRE



Printed Name _____

Date _____

Thank you for choosing Clarus! We look forward to helping you achieve the best vision possible after your cataract surgery. Your doctor will use this information to help determine which lens implant best suits your needs and lifestyle.

1. Please rate your vision preferences at the following distances:

DISTANCE (examples: driving, golf, tennis, other sports, watching tv)

I prefer NO distance glasses

I wouldn't mind wearing glasses for distance

MID-RANGE (examples: computer, menus, price tags, cooking, board games, cards)

I prefer NO mid-range glasses

I wouldn't mind wearing glasses for mid-range

NEAR (examples: reading fine print, mobile phone, detailed work)

I prefer NO near glasses

I wouldn't mind wearing glasses for near

2. If you had to wear glasses after surgery for only one type of activity, for which would you be most willing to wear glasses? Distance Mid-range Near

3. Please check the single statement that best describes you in terms of night vision.

Night vision is extremely important to me and I require the best possible quality.

I want to be able to drive comfortably at night but would tolerate some mild blur or halos around lights.

Night vision is not very important to me.

4. Would you tolerate some halos or rings around lights at night in exchange for good distance vision during the day and good near vision without glasses? Yes No

5. List your favorite hobbies or work activities:

6. Please place an "X" on the scale to describe your personality as best you can:

| ----- | ----- |
Easygoing Perfectionist

Signature _____

Date _____

PLEASE BRING THIS COMPLETED LIFESTYLE QUESTIONNAIRE TO YOUR APPOINTMENT