

Name: _____ DOB: _____ Date: _____

Quality Of Vision Questionnaire

❖ Are you interested in seeing very well in the distance with a reduced need for glasses?

Yes _____ No _____

❖ Are you interested in seeing very well at near (arm's length and within) with a reduced need for glasses?

Yes _____ No _____

❖ What near vision hand/eye activities do you enjoy or perform often?

____ Carpentry	____ Painting
____ Cooking	____ Piano/organ/music
____ Driving	____ Playing Cards
____ Gardening	____ Puzzles (crosswords, general, ect.)
____ Needle point/knitting/crocheting	____ Reading
____ Other	____ Use a cell phone

❖ What activities do you enjoy/perform often?

____ Biking	____ Fishing	____ Time with kids
____ Bowling	____ Hunting	____ Traveling
____ Computer Work	____ Shopping	____ Watching TV
____ Golfing	____ Swimming	____ Writing
____ Driving (Night/Day)	____ Tennis	
____ Others: _____		

❖ How enjoyable would it be for you to have a greatly reduced need for glasses for most of your daily activities?

____ Very Enjoyable ____ Enjoyable ____ Somewhat Enjoyable ____ Doesn't Matter

❖ Do you do a lot of night driving?..... ____ Yes ____ No ____ Somewhat

❖ Do you use a computer on a daily basis? ____ Yes ____ No ____ Somewhat

❖ How would you describe your personality?

____ Easy Going ____ Perfectionist ____ In between the two

OFFICE USE ONLY

TORIC _____ RESTOR 2.5 _____ SYMFONY _____