COHEN LASER AND VISION CENTER
3020 N. Military Trail, Suite #150 – Boca Raton, FL 33431
www.cohenlaser.com *info@cohenlaser.com*
Phone: 561-981-8400 *Fax: 561-981-8460*

Vision Lifestyle Questionnaire

Name: ______________________________ DOB:__________ AGE:______

There are a **variety of options for refractive surgery** that will not only give you clearer vision but may also reduce your dependency on glasses. Please help us better understand what is important to you in order to determine which option is best suited for your lifestyle.

Please circle the following activities that you do on a regular basis and are **important** to your lifestyle:

Distance Vision

Driving—daytime

Watching movies/Going to theater

Driving—nighttime

Viewing scenery/Taking photographs

Golfing/Other sports

Other: ________________________

Intermediate Vision

Seeing car dashboard

Shopping

Using computer

Playing cards

Using tablet

Other: ________________________

Near Vision

Reading books/newspapers

Sewing/Needlepointing

Doing crossword puzzles

Applying makeup

Using cell phone

Other: ____________________________

Are you currently having any difficulty with the following scenarios?

☐ Bright daylight ☐ Nighttime streetlights/headlights ☐ Reading

Please place an "X" on each continuum where it best describes how you feel about the following:

	I want to wear glasses	I don't want to wear glasses
Correction of **near** vision: (eg, reading, use of phone)		
Correction of **intermediate** vision: (eg, using tablet/computer)		
Correction of **distance** vision: (eg, driving, watching television)		

Your doctor will discuss the advantages and disadvantages of the various options for refractive surgery. Please indicate level of knowledge and understanding.

☐ Not knowledgeable ☐ Somewhat knowledgeable ☐ Knowledgeable

Which of the following best describes your personality type?

☐ Easygoing ☐ Flexible ☐ Organized/Planner ☐ Perfectionist

Patient Signature: ____