# LIFESTYLE QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

☐ Cataract ☐ Secondary Membrane ☐ Right Eye ☐ Left Eye

Do you have difficulty, **EVEN WITH GLASSES**, with the following activities? Please answer these questions pertaining to the eye with the worst vision, not both eyes seeing together.

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|---|---|
| **1. Reading small print such as medicine bottle labels, a telephone book or texts on your cell phone?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **2. Reading a newspaper, book, or restaurant menu?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **3. Driving (nighttime, glares, halos, etc.)?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **4. Reading traffic signs, street signs or store signs?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **5. Performing hobbies (computer, crafts, sports, etc.)?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **6. Writing checks or filling out forms?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **7. Playing games such as bingo, dominos or crossword puzzles?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |
| **8. Watching television (TV guide, weather, sports, news scrolls)?** | ☐ Yes ☐ No ☐ Not applicable |
| If yes, how much difficulty do you currently have? | ☐ A little ☐ Moderate amount ☐ Great deal ☐ Unable to do activity |

Patient Signature: _____ Date: _____