

## North Idaho Eye Institute Vision Questionnaire

1. Everyone lives a different lifestyle. Please circle the activities that are important to you....

### DISTANCE



GOLF



TV



SCENERY



LIVE SPORTS



DRIVING

\_\_\_\_\_

OTHER

### INTERMEDIATE



CAR DASHBOARD



SHOPPING



STAIRS



TABLET



COMPUTER

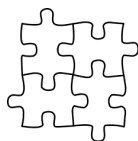
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OTHER

### NEAR



FINE PRINT



DETAILED HOBBIES/GAMES



CELL PHONE



MAKEUP



PERSCIPTIONS

\_\_\_\_\_

OTHER



DR. TAD BUCKLAND, MD  
DR. ALISON GRANIER, MD  
DR. JOHN WEISEL, OD

DR. SARA DUKE, MD  
DR. WHITNEY SMITH, MD  
DR. JOHN CALDERWOOD, OD

DR. DAVID DANCE, MD  
DR. DREW THOMAS, MD  
DR. KATIE GLEASON, OD

## Vision Questionnaire (con't)

2. Do you have difficulty with any of the following? **Please circle below**

Streetlights/Headlights      Reading      TV print      Daylight (bright)

3. Are you interested in reducing dependence on glasses or contact lenses?

**Please circle below**

I don't mind them      Somewhat      Very interested

4. Do you experience glare, halos, or rings around lights? **Please circle below**

I never do      Not very often      Sometimes      All the time

5. During your consultation, your doctor will discuss lens options for cataract surgery. You might be a good candidate for a specialty lens. That lens would reduce your dependence on glasses/contacts. Would you be interested in that extra cost? **Please circle below**

Very willing      Somewhat      Not willing

6. Your personality type... **Please circle below**

Perfectionist      Planner      Flexible but organized      Easygoing