

WILLIAMS EYE INSTITUTE Quality of Vision Questionnaire

Williams Eye Institute strives to provide the best quality of care and customized vision solutions for our patients. This questionnaire will assist us in providing the technology best suited for your visual needs and lifestyle. Please complete this and bring with you to your cataract evaluation. If you have any questions, please feel free to contact us.

1.	Have you had ANY eye surgeries (This includes LASIK, RK, or	-	Yes	No		
2.	Please mark any of your hobbies and/or daily activities.					
	□ Reading	Computer Work		□ Driving		
	□ Painting	Cooking			□ Golfing	
	□ Needlepoint/crochet/knitting	□ Gardening			\Box Hunting	
	□ Puzzles (crossword, general, etc.) 🗆 Piano/organ/mu	isic		□ Watching TV	
	□ Fishing/baiting	Playing cards				
	□ Other					
3.	If you work, what are some of your daily work-related tasks?					
4.	Do you use a computer on a daily	basis?	Yes	No	Sometimes	
5.	Does your work or lifestyle requi	re night-time driving?	Yes	No	Sometimes	
6.	How interested would you be in reducing your glasses from your daily activities?					
	-			•	Not important	
7.	Would you be interested in technology that is not covered by insurance if it would					
	improve your visual outcomes		Yes	No	Maybe	
	The out of pocket Advanced Laser Options range between \$1400-\$2800 per eye and are not covere					
8.	How would you describe your personality?					
	□ Easy Going	Perfectionist		\Box In betw	veen the two	
9.	Please tell us about any other quality of life vision concerns you may have					