



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 the cataract evaluation. If you have any questions, please feel free to contact us.

1. Have you had ANY eye surgeries in the past? Yes No
(This includes LASIK, RK, or PRK) _____

2. Please mark any of your hobbies and/or daily activities.

<input type="checkbox"/> Reading	<input type="checkbox"/> Computer Work	<input type="checkbox"/> Driving
<input type="checkbox"/> Painting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Golfing
<input type="checkbox"/> Needlepoint/crochet/knitting	<input type="checkbox"/> Gardening	<input type="checkbox"/> Hunting
<input type="checkbox"/> Puzzles (crossword, general, etc.)	<input type="checkbox"/> Piano/organ/music	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Fishing/baiting	<input type="checkbox"/> Playing Cards	
<input type="checkbox"/> 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 require night driving? Yes No Sometimes

6. How interested would you be in reducing your glasses from your daily activities?

<input type="checkbox"/> Very Important	<input type="checkbox"/> Moderately Important	<input type="checkbox"/> Not Important
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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 Technology Options range between \$1400-\$3400 per eye and are not covered by insurance.

8. How would you describe your personality?

<input type="checkbox"/> Easy Going	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> In between the two
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9. Please tell us about any other quality of life vision concerns you may have. _____

