

PATIENT QUESTIONNAIRE

NAME: _____ TELEPHONE: _____

To prepare for your appointment, please answer the following questions:

1. Please think about different vision tasks that you find difficult and list them below. You might wish to treat this like a diary and when ever you have a problem, then write it down. Take a minute to think about where these tasks take place and what type of lighting is available in that location. The day before your appointment, please prioritize the tasks below in order of their importance.

| VISION TASK | LOCATION/ROOM | LIGHTING |
|--------------------------------|----------------|-------------------------------------|
| • <u>Reading the newspaper</u> | <u>kitchen</u> | <u>Overhead light - 2 60w bulbs</u> |
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |

2. Does sunlight bother your eyes? YES NO
If you wear sunglasses, please bring them.
3. Do you wear eyeglasses? YES NO
If yes, please bring your newest ones in for your appointment.
4. Are you using any magnifying vision aids? YES NO
If yes, please bring them for your appointment.

PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO THE APPOINTMENT