

Lifestyle Vision Questionnaire

Name: Date:

This questionnaire will assist us in providing a visual outcome more tailored to your lifestyle. In many cases, patients still need to wear glasses for some activities following cataract surgery.

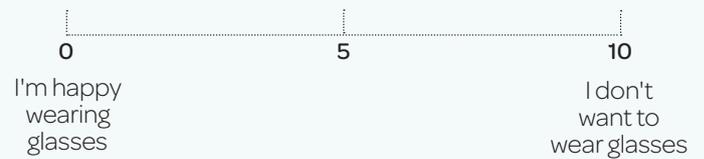
Please complete this form and give it to your ophthalmologist and please let us know of any questions you may have.

Tell us about your current overall vision:

Q1 – Do you wear glasses for any of the following:

- Reading the newspaper or mobile phone
- Driving, viewing street signs or watching television
- Using a computer / iPad or cooking

Q2 – Would you like to reduce your dependence on glasses? Place an 'X' on the below scale.



Help us identify your visual range preference:

Q3 – Which tasks do you do most often? Please number 1, 2 & 3 in order of preference: (With "1" being the type of task you do most often.)

- Driving, watching sports events or at the cinema. (Far Vision)
- Watching television, using a computer or cooking. (Intermediate Vision)
- Reading fine print, fine handicrafts or sewing. (Near Vision)

Q4 – Does your vision bother you at night? Place an 'X' on the below scale.



Tailoring vision to your natural lifestyle:

Q5 – Indicate your personality by placing an 'X' on the below scale:



Q6 – Share with us your occupation and any hobbies or activities that you take part in:

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Thank you.

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YOUR OPHTHALMOLOGIST WILL ADVISE WHETHER THIS PRODUCT IS SUITABLE FOR YOU.

Your ophthalmologist uses your information to determine the best treatment options for you. The information gathered in this form is not shared with Bausch + Lomb. If you have further questions please ask your ophthalmologist.

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