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DR. JOHN CALDERWOOD, OD

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

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



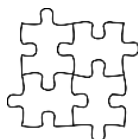
COMPUTER

OTHER

NEAR



FINE PRINT



DETAILED HOBBIES/GAMES



CELL PHONE



MAKEUP



PERSCRIPTIONS

OTHER



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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