Johnson & Johnson VISION

VISION FOR YOUR LIFESTYLE.

SURVEY FOR CATARACT PATIENTS

You have an important decision to make about your vision future.

This survey is designed to help us understand your vision goals so we can provide you with the best possible lens for your lifestyle.

1 **Throughout the day, you perform activities that require your eyes to focus at different distances.**

Circle or write in the activities that are most important for your lifestyle:

DISTANCE

 Driving

 Golf

 Sporting events

 Scenery

OTHER

INTERMEDIATE

 Car dashboard

 Computer

 Grocery shopping

 Mobile phone or tablet

OTHER

NEAR

 Fine print

 Games & puzzles

 Sewing

 Makeup

OTHER

2 **On average, how many hours per day do you spend:**

please indicate the number next to the activity;

___Driving ___Engaging in lifestyle activities (i.e. golf, gardening, cooking, etc.) ___Using media devices (i.e. mobile phone, tablet, e-reader) ___Reading books, newspapers ___Knitting, reading fine print

3 **Thinking long-term, how important is it that you rely on your glasses less often?**

☐ I don't mind ☐ It'd be nice ☐ Glasses are annoying ☐ I hate wearing them

4 **How often do you drive in low-light conditions (dusk, night, dawn, rain)?**

☐ Never ☐ Not often, but I'd like to ☐ Occasionally ☐ Often

5 **As best you can, mark where your personality type fits on this scale.**

Easygoing — Perfectionist

6 **I know that my insurance may only cover some of the procedure, and I want to learn about my treatment options.**

☐ Agree ☐ Disagree

If my procedure is not fully covered by insurance, I want to learn about financing options.

☐ Agree ☐ Disagree

7 **To ensure your visit is a great experience, please share any questions or concerns you would like us to know about.**

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