



WESTON EYE CENTER

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PATIENT QUESTIONNAIRE

NAME: _____

PHONE #: _____

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 TAKS

LOCATION/ROOM

LIGHTING

Example:

* Reading the paper

Kitchen

Overhead light-2 60 W Bulbs

*

*

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2. Does the 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.