

If you had to wear glasses after surgery, for what distance would you rather use them? (select all that apply)

- ☐ For near reading
- ☐ For intermediate vision, such as using a computer
- ☐ For distance vision

If after surgery you could have good vision for distance, intermediate and near, without the use of glasses, would you tolerate a slight disturbance in the crispness of your night vision?

Definitely not      Highly unlikely      Maybe      Highly likely      Definitely

☐      ☐      ☐      ☐      ☐

If after surgery you could have good vision for distance and intermediate, without the use of glasses, would you tolerate near reading with glasses in low light or when the font size is very small?

Definitely not      Highly unlikely      Maybe      Highly likely      Definitely

☐      ☐      ☐      ☐      ☐

Thank you for completing this questionnaire.

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# Understanding your vision today

Please answer the following questions so we can understand the activities you perform on a day-to-day basis.

Your name

How often do you perform the following activities?

	Never	Occasionally	Sometimes	Frequently	Always
Playing sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching live sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving or applying make-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading a menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer or laptop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a tablet or smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing handicrafts or hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking pictures with a digital camera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading in dim-light conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you use spectacles or contact lenses for performing the following activities?

	Never	Occasionally	Sometimes	Frequently	Always
Playing sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching live sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving or applying make-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading a menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer or laptop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a tablet or smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing handicrafts or hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking pictures with a digital camera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading in dim-light conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your vision

Please indicate a single statement that describes how important night vision is for you?

- ☐ Night vision is extremely important to me
- ☐ I wish I could drive safely at night but I would tolerate slight imperfections in my vision
- ☐ Night vision is not particularly important to me