**Laser Vision Correction Pre-Exam Questionnaire**

Please Tell us About Yourself…

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you worn corrective lenses? \_\_\_\_\_\_\_\_\_ years

2. I normally wear (check one): □ Glasses □ Contacts

3. Why are you interested in laser vision correction?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What difficulties, irritations, or problems are you currently having wearing glasses/contacts?

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5. What activities do you want to participate in without glasses/contacts?

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6. Have you had friends or family who’ve had their vision corrected? \_\_\_\_\_\_\_

If yes, what relationship are they to you (e.g., friend, sister, etc.)?

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7. What questions or concerns do you have about laser vision correction?

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8. On a scale of 1-10 how interested are you in having your vision corrected?

(1= Not interested; 5= interested, but need more information, 10= Ready to have clear vision today)

1 ------ 5 ------ 10

9. Since laser vision correction is not covered by insurance, how do you plan on financing the procedure?

□ Cash □ Credit Card □ I would need to apply for financing

10. When do you foresee yourself having your vision corrected? (check one):

□ As soon as possible □ 1-3 months □ 3-6 months □ 6+ months

*Thank you!*

Please return this form to the receptionist.