



Patient label

Questionnaire: personal vision habits and preferences

1. Do you wear a visual aid? Yes No

If yes, what kind of visual aid do you wear? glasses contact lenses

What activities do you need a visual aid for? (multiple answers possible)

- | | |
|---|---|
| <input type="checkbox"/> driving | <input type="checkbox"/> working on computer mobile |
| <input type="checkbox"/> reading/writing | <input type="checkbox"/> phone handicrafts |
| <input type="checkbox"/> reading the price tags when shopping | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____ | |

2. What is your occupation? / What occupation did you have in the past?

3. What hobbies do you pursue regularly? (multiple answers possible)

- | | | | |
|--------------------------------------|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> reading | <input type="checkbox"/> working on computer | <input type="checkbox"/> painting | <input type="checkbox"/> hunting |
| <input type="checkbox"/> watching TV | <input type="checkbox"/> cooking | <input type="checkbox"/> golf | <input type="checkbox"/> shopping |
| <input type="checkbox"/> cycling | <input type="checkbox"/> handicrafts | <input type="checkbox"/> other: _____ | |

