

## PATIENT QUESTIONNAIRE

If you would like to learn more about CooperVision multifocal contact lenses, please complete the following questionnaire and discuss your answers with your doctor. Check any answers that apply:

### 1. In which part of your vision have you recently noticed a change?

- Seeing up close (such as reading)
- Seeing far away (such as watching TV or driving)
- Seeing at intermediate distances (such as using a computer)

### 2. Which activities do you regularly spend a significant amount of time doing?

- Using a computer
- Reading
- Sports
- Driving
- Cooking
- Watching TV
- Other (please list):  

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### 3. Which of the following apply to you?

- I wear bifocal glasses
- I wear contact lenses
- I wore contact lenses in the past, but no longer wear them
- I have never tried contact lenses
- I currently wear contact lenses and use reading glasses
- I currently wear multifocal contact lenses (or have tried them in the past), but have been disappointed with them

### 4. With your current method of vision correction (listed in question #3), which aspect of your vision would you most like to improve?

- Near vision
- Intermediate vision
- Distance vision
- Both distance and near vision