

LSK

Metadata Report

Pre-Operative Questionnaire (PRQ)
Version 1.00

Key Field	Field Name	Full Name	Question Text	Type	Length and Decimals	Object Type	Codelist Values	Parenting
*	SITE	Center		C	5			
*	PROT	Protocol		C	5			
*	PROJID	Participant ID		C	5			
	PRTAKQST	Where take questionnaire	1. Where are you taking this questionnaire?	C	1	CHECKBOX	1=Home, 2=Doctor's office, 3=Other location	
	PRHEALTH	Health in general	2. In general, would you say your health is:	C	1	CHECKBOX	1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Poor	
	PRWORRY	Worry about eyesight	3. How often do you worry about your eyesight or vision?	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	PRNOTICE	Notice eyesight or vision	4. How often do you notice or think about your eyesight or vision?	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	PRCLRCOR	Clear vision with correct	5. At this time, how clear is your vision using the correction you normally use, including glasses, contact lenses, a magnifier, or nothing at all?	C	1	CHECKBOX	1=Perfectly clear, 2=Pretty clear, 3=Somewhat clear, 4=Not clear at all	
	PRDVNOGC	Drive no glasses contacts	6. As long as I could see well enough to drive without wearing glasses or contact lenses, I wouldn't mind having vision that was less than perfect.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Don't know, 4=Mostly false, 5=Definitely false	
	PRGCDSLK	Glasses contacts distance	7. How much of the time do you expect to use glasses or contact lenses to see things in the distance after healing from LASIK	C	1	CHECKBOX	1=All of the time, 2=Most of the time, 3=Some of the time, 4=Hardly ever, 5=Never	

			surgery?					
	PRGCCLLK	Glasses contacts close up	8. How much of the time do you expect to use glasses or contact lenses to see things up close after healing from LASIK surgery?	C	1	CHECKBOX	1=All of the time, 2=Most of the time, 3=Some of the time, 4=Hardly ever, 5=Never	
	PRGLSDS	Aid of glasses distance		C	1	CHECKBOX	1=With the aid of glasses to see in the distance	
	PRGLSRD	Aid of glasses reading		C	1	CHECKBOX	2=With the aid of glasses for reading	
	PRCNTDS	Aid of contacts distance		C	1	CHECKBOX	3=With the aid of contact lenses to see in the distance	
	PRCNTRD	Aid of contacts reading		C	1	CHECKBOX	4=With the aid of contact lenses for reading	
	PRNOGLCT	Aid of no glasses contact		C	1	CHECKBOX	5=Without glasses or contact lenses	
	PRPRFVIS	Perfect vision afr LASIK	10. After healing from LASIK surgery, I expect my vision to be perfect.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Don't know, 4=Mostly false, 5=Definitely false	
	PRLSPFVS	Less than perft vis LASIK	11. I could accept less than perfect vision if I did not need glasses or contact lenses any more after healing from LASIK surgery.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Don't know, 4=Mostly false, 5=Definitely false	
	PRDRVCAR	Ever driven a car	12. Have you ever driven a car?	C	1	CHECKBOX	1=Yes, 2=No	
	PRCURDRV	Currently drive	13. Do you currently drive?	C	1	CHECKBOX	1=Yes, 2=No	PRDRVCAR not = 1
	PRGAVDRV	Gave up driving	14. If you gave up driving, was that mainly because of your vision, mainly for some other reason, or because of both your vision and other reasons?	C	1	CHECKBOX	1=Mainly vision, 2=Mainly other reasons, 3=Both vision and other reasons	PRCURDRV not = 2

	PRDRVDAY	Difficulty driving day	15. Because of your vision, how much difficulty do you have <u>driving during the daytime in familiar places</u> ? Would you say you have:	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never drive during the daytime because of vision, 6=Never drive during the daytime for other reasons	PRCURDRV not = 1
	PRDRVNGT	Difficulty driving night	16. Because of your vision, how much difficulty do you have <u>driving at night</u> ?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never drive at night because of vision, 6=Never drive at night for other reasons	PRCURDRV not = 1
	PRDRVCON	Difficult drive conditions	17. Because of your vision, how much difficulty do you have <u>driving in difficult conditions</u> , such as bad weather, during rush hour, on the freeway, or in city traffic?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never drive in these conditions because of vision, 6=Never drive in these conditions for other reasons	PRCURDRV not = 1
	PRSEESID	Difficulty seeing side	18. How much difficulty do you have seeing things off to the side, like cars coming out of driveways or side streets or people coming out of doorways?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PRDAILY	Difficulty daily activity	19. Because of your vision, how much difficulty do you have with your daily activities?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PRACTSPT	Difficulty active sports	20. Because of your vision, how much difficulty do you have taking part in active sports or other outdoor activities that you enjoy (like hiking, swimming,	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never try to do these activities because of vision, 6=Never do these activities	

			aerobics, team sports, or jogging)?				for other reasons	
	PRLESSPT	Less active sports	21. Because of your vision, do you take part less than you would like in active sports or other outdoor activities (like hiking, swimming, aerobics, team sports, or jogging)?	C	1	CHECKBOX	1=Yes, 2=No	
	PRNOSPT	No sports due to vision	22. Are there any recreational or sports activities that you don't do because of your vision or the type of vision correction you have?	C	1	CHECKBOX	1=Yes, many, 2=Yes, a few, 3=No	
	PRDLYSP	Specify daily activities	23. You have noted that you have difficulty with your daily activities because of your vision. Please list those activities with which you have difficulty (e.g., watching television, using automated teller machines (ATM), etc.).	M	4	TEXTAREA		PRDAILY not IN 2,3,4
	PRHOBBY	Difficulty with hobbies	24. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, fixing things around the house, sewing, using hand tools, or working with a computer?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never try to do these activities because of vision, 6=Never do these activities for other reasons	
	PRNEWSPR	Difficulty with newspaper	25. How much difficulty do you have reading ordinary print in newspapers?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never try to do this because of vision, 6=Never try to do this for	

							other reasons	
	PRSMRNT	Difficulty small print	26. How much difficulty do you have reading small print in a telephone book, on a medicine bottle, or on legal forms?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never try to do these activities because of vision, 6=Never do these activities for other reasons	
	PRACTIVE	No activity due to vision	27. Are there daily activities that you would like to do, but don't do, because of your vision or the type of vision correction you have?	C	1	CHECKBOX	1=Yes, many, 2=Yes, one or a few, 3=No	
	PRDISTAN	Difficult judge distance	28. How much difficulty do you have judging distances, like walking down stairs or parking a car?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PRDARK	Difficult walk into dark	29. How much difficulty do you have getting used to the dark when you move from a lighted area into a dark place, like walking into a dark movie theater?	C	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PRCLRCHG	Difficult clarity changes	30. How much difficulty do you have seeing because of changes in the clarity of your vision during the course of the day?	C	1	CHECKBOX	1=Don't have changes in the clarity of my vision, 2=No difficulty at all, 3=A little difficulty, 4=Moderate difficulty, 5=A lot of difficulty	
	PRBOTHER	Bothered clarity changes	31. How often are you bothered by changes in the clarity of your vision over the course of the day?	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	PRSTRHLO	See starburst or halos	32. How often when you are around bright lights at night do you see starbursts or halos that	C	1	CHECKBOX	1=All of the time, 2=Most of the time, 3=Some of the time, 4=A little of the time, 5=None of the	

			bother you or make it difficult to see.				time	
	PR7DGLAR	Glare in the last 7 days	33. Have you experienced glare in the last 7 days?	C	1	CHECKBOX	1=Yes, 2=No	
	PRGLRBTH	How bothersome glare	33a. How bothersome has it been?	C	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PR7DGLAR not = 1
	PR7DDVIS	Distorted vision 7 days	34. Have you experienced distorted vision in the last 7 days?	C	1	CHECKBOX	1=Yes, 2=No	
	PRDISBTH	Bothersome distort vision	34a. How bothersome has it been?	C	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PR7DDVIS not = 1
	PR7DBLUR	Blurry vision last 7 days	35. Have you experienced blurry vision in the last 7 days?	C	1	CHECKBOX	1=Yes, 2=No	
	PRBLRBTH	Bothersome blurry vision	35a. How bothersome has it been?	C	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PR7DBLUR not = 1
	PR7DTBSE	Trouble see last 7 days	36. Have you experienced trouble seeing in the last 7 days?	C	1	CHECKBOX	1=Yes, 2=No	
	PRTBLBTH	Bothersome trouble seeing	36a. How bothersome has it been?	C	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PR7DTBSE not = 1
	PRSATVIS	Satisfied present vision	37. In general, how satisfied or dissatisfied are you with your present vision?	C	1	CHECKBOX	1=Completely satisfied, 2=Very satisfied, 3=Somewhat satisfied, 4=Somewhat dissatisfied, 5=Very dissatisfied, 6=Completely dissatisfied	
	PREMPLOY	Currently employed	38. Are you currently employed (working for pay)?	C	1	CHECKBOX	1=Yes, 2=No	
	PRMISEYE	Hours missed eye problems	39. During the past seven days, how many hours did you miss from work because of <i>any eye problems</i> ? <i>Include hours your missed on sick days, times you</i>	N	2(0)	TEXTBOX		PREMPLOY not = 1

			<i>went in late, left early, etc., because of your EYE PROBLEM. Do not include time you missed to participate in this study.</i>					
	PRMISOTH	Hours missed other reason	40. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?	N	2(0)	TEXTBOX		PREEMPLOY not = 1
	PRHRSWRK	Hours worked	41. During the past seven days, how many hours did you actually work?	N	2(0)	TEXTBOX		PREEMPLOY not = 1
	PRPRODCT	Eyes affect productivity		C	2	CHECKBOX	0=0, 1=1, 2=2, 3=3, 4=4, 5=5, 6=6, 7=7, 8=8, 9=9, 10=10	PREEMPLOY not = 1
	PRACTVTY	Eye affect daily activity		C	2	CHECKBOX	0=0, 1=1, 2=2, 3=3, 4=4, 5=5, 6=6, 7=7, 8=8, 9=9, 10=10	
	PRNOGLCN	No glasses or contacts		C	1	CHECKBOX	7=I do not use glasses or contact lenses	
	PRGLSDIS	Glasses used for distance		C	1	CHECKBOX	1=I use glasses to correct my vision for distance	
	PRGLREAD	Glasses used for reading		C	1	CHECKBOX	2=I use glasses to correct my vision for reading	
	PRSCNDS	Soft contacts distance		C	1	CHECKBOX	3=I use soft contact lenses to correct my vision for distance	
	PRSCNRD	Soft contacts reading		C	1	CHECKBOX	4=I use soft contact lenses to correct my vision for reading	
	PRHDCNDS	Hard contacts distance		C	1	CHECKBOX	5=I use hard (rigid gas permeable) contact lenses to correct my vision for distance	
	PRHDCNRD	Hard contacts		C	1	CHECKBOX	6=I use hard (rigid gas	

		reading					permeable) contact lenses to correct my vision for reading	
	PRDOUBLE	Double images last 7 days	45. In the last 7 days, have you seen any double images ?	C	1	CHECKBOX	1=Yes, but ONLY when NOT wearing glasses or contact lenses, 2=Yes, but ONLY when wearing glasses or contact lenses, 3=Yes, when wearing AND when not wearing glasses or contact lenses, 4=No, not at all	
	PRDLCOR	Double vision 7 days corr	46a. In the last 7 days, <u>how often</u> have you seen double images <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	PRDOUBLE not IN 1,2,3
	PRDBNOCR	Double vis 7 days no corr	46b. In the last 7 days, <u>how often</u> have you seen double images <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	PRDOUBLE not IN 1,2,3
	PRDRCRBT	bother double vis correct	47a. In the last 7 days, <u>how bothersome</u> have the double images been <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome	PRDOUBLE not IN 1,2,3
	PRDBNCBT	Bother double vis no corr	47b. In the last 7 days, <u>how bothersome</u> have the double images been <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome, 6=I always use glasses or contact lenses	PRDOUBLE not IN 1,2,3

	PRDBCRCAC	Activity double vis corr	48a. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see double images when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities	PRDOUBLE not IN 1,2,3
	PRDBNCAC	Activity dbl vis no corr	48b. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see double images when you are <u>NOT</u> wearing any vision correction (glasses or contact lenses)?	C	1	CHECKBOX	1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities, 6=I always use glasses or contact lenses	PRDOUBLE not IN 1,2,3
	PRCORDBL	Double vision correction	49. When you use your best vision correction (glasses or contact lenses) do the double images you see:	C	1	CHECKBOX	7=I do not use glasses or contact lenses, 1=Go away completely, 2=Go away mostly, 3=Go away a little, 4=Not change, 5=Get a little worse, 6=Get a lot worse	PRDOUBLE not IN 1,2,3
	PRGLARE	Noticed glare last 7 days	50. In the last 7 days, have you noticed any glare ?	C	1	CHECKBOX	1=Yes, but ONLY when NOT wearing glasses or contact lenses, 2=Yes, but ONLY when wearing glasses or contact lenses, 3=Yes, when wearing AND when not wearing glasses or contact lenses, 4=No, not at all	
	PRGLRCOR	Glare with correction	51a. In the last 7 days, <u>how often</u> have you noticed glare when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	PRGLARE not IN 1,2,3

	PRGLNOCR	Glare with no correction	51b. In the last 7 days, how often have you noticed glare when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	PRGLARE not IN 1,2,3
	PRGLCRBT	Glare correct bothersome	52a. In the last 7 days, how <u>bothersome</u> has the glare been when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome	PRGLARE not IN 1,2,3
	PRGLNCBT	Glare no correct bother	52b. In the last 7 days, how <u>bothersome</u> has the glare been when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome, 6=I always use glasses or contact lenses	PRGLARE not IN 1,2,3
	PRGLCRAC	Glare correction activity	53a. In the last 7 days, how <u>much difficulty</u> have you had doing your usual activities because you noticed glare when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities	PRGLARE not IN 1,2,3
	PRGLNCAC	Glare no correct activity	53b. In the last 7 days, how <u>much difficulty</u> have you had doing your usual activities because you notice glare when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities, 6=I always use glasses or contact lenses	PRGLARE not IN 1,2,3
	PRCORGLR	Glare best correction	54. When you use your best vision correction (glasses or	C	1	CHECKBOX	7=I do not use glasses or contact lenses, 1=Go away completely,	PRGLARE not IN 1,2,3

			contact lenses) does the glare you notice:				2=Go away mostly, 3=Go away a little, 4=Not change, 5=Get a little worse, 6=Get a lot worse	
	PRHALOS	Notice halos last 7 days	55. In the last 7 days, have you seen any halos ?	C	1	CHECKBOX	1=Yes, but ONLY when NOT wearing glasses or contact lenses, 2=Yes, but ONLY when wearing glasses or contact lenses, 3=Yes, when wearing AND when not wearing glasses or contact lenses, 4=No, not at all	
	PRHALCOR	Halos with correction	56a. In the last 7 days, <u>how often</u> have you seen halos <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	PRHALOS not IN 1,2,3
	PRHLNOCR	Halos with no correction	56b. In the last 7 days, <u>how often</u> have you seen halos <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	PRHALOS not IN 1,2,3
	PRHLCRBT	Halos correct bothersome	57a. In the last 7 days, <u>how bothersome</u> have the halos been <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome	PRHALOS not IN 1,2,3
	PRHLNCBT	Halos no correct bother	57b. In the last 7 days, <u>how bothersome</u> have the halos been <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome, 6=I always use glasses or contact lenses	PRHALOS not IN 1,2,3

	PRHLCRAC	Halos correction activiy	58a. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see halos when you are wearing your best vision correction (glasses or contact lenses)?	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities	PRHALOS not IN 1,2,3
	PRHLNCAC	Halos no correct activity	58b. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see halos when you are NOT wearing any vision correction (glasses or contact lenses)?	C	1	CHECKBOX	1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities, 6=I always use glasses or contact lenses	PRHALOS not IN 1,2,3
	PRCORHAL	Halos best correction	59. When you use your best vision correction (glasses or contact lenses) do the halos you see:	C	1	CHECKBOX	7=I do not use glasses or contact lenses, 1=Go away completely, 2=Go away mostly, 3=Go away a little, 4=Not change, 5=Get a little worse, 6=Get a lot worse	PRHALOS not IN 1,2,3
	PRSTRBST	Starburst last 7 days	60. In the last 7 days, have you seen any starbursts ?	C	1	CHECKBOX	1=Yes, but ONLY when NOT wearing glasses or contact lenses, 2=Yes, but ONLY when wearing glasses or contact lenses, 3=Yes, when wearing AND when not wearing glasses or contact lenses, 4=No, not at all	
	PRSTRCOR	Starburst with correction	61a. In the last 7 days, <u>how often</u> have you seen starbursts when you are wearing your best vision correction (glasses or contact lenses)?	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	PRSTRBST not IN 1,2,3
	PRSTNOCR	Starburst no corection	61b. In the last 7 days, <u>how often</u>	C	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes,	PRSTRBST not IN 1,2,3

			have you seen starbursts when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>				4=Often, 5=Always, 6=I always use glasses or contact lenses	
	PRSTCRBT	Starburst correct bothr	62a. In the last 7 days, <u>how bothersome</u> have the starbursts been <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome	PRSTRBST not IN 1,2,3
	PRSTNCBT	Starburst no correct bthr	62b. In the last 7 days, <u>how bothersome</u> have the starbursts been <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome, 4=A little bothersome, 5=Not at all bothersome, 6=I always use glasses or contact lenses	PRSTRBST not IN 1,2,3
	PRSTCRAC	Starburst correct active	63a. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see starbursts <u>when you are wearing your best vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities	PRSTRBST not IN 1,2,3
	PRSTNCAC	Starburst no corr active	63b. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see starbursts <u>when you are NOT wearing any vision correction (glasses or contact lenses)?</u>	C	1	CHECKBOX	1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=So much difficulty that I can no longer do some of my usual activities, 6=I always use glasses or contact lenses	PRSTRBST not IN 1,2,3
	PRCORSTR	Starburst best correction	64. When you use your best vision correction	C	1	CHECKBOX	7=I do not use glasses or contact lenses, 1=Go away	PRSTRBST not IN 1,2,3

			(glasses or contact lenses) do the starbursts you see:				completely, 2=Go away mostly, 3=Go away a little, 4=Not change, 5=Get a little worse, 6=Get a lot worse	
	PRLIGHT	Eyes sensitive to light	65. Eyes that are sensitive to light?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRGRITTY	Eyes feel gritty	66. Eyes that feel gritty?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRSORE	Painful or sore eyes	67. Painful or sore eyes?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRBLRVIS	Blurred vision	68. Blurred vision?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRPOORVS	Poor vision	69. Poor vision?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRWINDY	Windy conditions	70. Windy conditions?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRHUMID	Places with low humidity	71. Places or areas with low humidity (very dry)?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	
	PRAIRCND	Areas air conditioned	72. Areas that are air conditioned?	C	1	CHECKBOX	0=None of the time, 1=Some of the time, 2=Half of the time, 3=Most of the time, 4=All of the time	

	PRLSKSRG	Discuss w/ LASIK surgeon		C	1	CHECKBOX	1=Discussions with LASIK surgeon	
	PREYEPRF	Discuss other eye prof		C	1	CHECKBOX	2=Discussions with any other eye care professional (e.g., ophthalmologist or optometrist)	
	PROTHDOC	Discuss with other doctor		C	1	CHECKBOX	3=Discussions with another physician, not an ophthalmologist	
	PRPAMPH	Eye care pamphlets		C	1	CHECKBOX	4=Eye care professional's office pamphlets	
	PRVIDEO	Eye care videos		C	1	CHECKBOX	5=Eye care professional's office videos	
	PRINTRNT	Internet websites		C	1	CHECKBOX	6=Internet websites	
	PRNEWSPP	Newspaper or magazine		C	1	CHECKBOX	7=Newspaper or magazine articles	
	PRTVRADO	Television or radio		C	1	CHECKBOX	8=Television / Radio	
	PROHTPT	Discuss w/ other patient		C	1	CHECKBOX	9=Discussion with another patient	
	PRFRNOLK	Family friends w/o LASIK		C	2	CHECKBOX	10=Discussions with family or friends who have not had LASIK surgery	
	PRFRLASK	Family friend with LASIK		C	2	CHECKBOX	11=Discussions with family or friends who had LASIK surgery	
	PROTHSRC	Other source of info		C	2	CHECKBOX	12=Other	PREXPBST not = 1
	PRNOTLSK	Should not have LASIK	74. Have you ever been told by a LASIK surgeon or any other eye care professional that you should not have LASIK surgery performed?	C	1	CHECKBOX	1=Yes, 2=No	PRFRNOLK not IN 3,4 AND PRFRLASK not IN 3,4
	PRINTRST	Little interest doing thg	75. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	C	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	

	PRFEELDW	Feeling down	76. Over the <u>last 2 weeks</u> , how often have you been bothered by feeling down, depressed, or hopeless?	C	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	
	PRFEELNV	Feeling nervous	77. Over the <u>last 2 weeks</u> , how often have you been bothered by feeling nervous, anxious, or on edge?	C	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	
	PRCNTWRY	Not control worry	78. Over the <u>last 2 weeks</u> , how often have you been bothered by not being able to stop or control worrying?	C	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	
	PRCOURTS	Courteous	79. I am always courteous even to people who are disagreeable.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Don't know, 4=Mostly false, 5=Definitely false	
	PRGDLSTN	Good listener	80. No Matter whom I'm talking to, I'm always a good listener.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Don't know, 4=Mostly false, 5=Definitely false	
	PREXPBST	Expect the best	81. In uncertain times, I usually expect the best.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRRELAX	Easy to relax	82. It's easy for me to relax.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRGOWRNG	Something will go wrong	83. If something can go wrong for me, it will.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PROPTIM	Optimistic about future	84. I'm always optimistic about my future.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a	

							little, 5=I disagree a lot	
	PRENJFRD	Enjoy friends	85. I enjoy my friends a lot.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRKPBUSY	Important to keep busy	86. It's important for me to keep busy.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRNOEXP	Hardly expect my way	87. I hardly ever expect things to go my way.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRUPSET	Dont get upset easily	88. I don't get upset too easily.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRNOGOOD	Rarely count on good	89. I rarely count on good things happening to me.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PREXPGD	More good than bad	90. Overall, I expect more good things to happen to me than bad.	C	1	CHECKBOX	1=I agree a lot, 2=I agree a little, 3=I neither agree nor disagree, 4=I disagree a little, 5=I disagree a lot	
	PRKPTRY	Keep trying	91. If I don't master a task right away, I keep trying until I get it right.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRADAPT	Can adapt to situations	92. I can adapt to new situations.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRHAPCNT	Happy and content	93. I am happy and content.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRTKRISK	Willing to take risks	94. I am willing to take risks.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	

	PRNEWTSK	Look forward to new tasks	95. I look forward to trying a new task.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRSLFCON	Self confident	96. I feel self-assured and self-confident.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRNEWACT	Try new activities	97. I like to try new places, activities, and situations.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRSLEEP	Sleep well at night	98. I sleep well at night.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRACCOMP	Accomplish tasks	99. I am sure I can accomplish the tasks before me.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRMASTER	Master tasks	100. I can usually master a task even if I can't master it right away.	C	1	CHECKBOX	1=Never, 2=Sometimes, 3=Often, 4=Constantly	
	PRNUMMIN	Minutes to complete	101. About how many minutes do you think it took you to fill out this questionnaire? If you completed this survey in multiple sessions, estimate the total time you spent on the survey. Your best estimate is fine.	N	3(0)	TEXTBOX		
	PRLENGTH	Length of questionnaire	102. How did you feel about the length of the questionnaire?	C	1	CHECKBOX	1=Much too short, 2=A little bit too short, 3=About right, 4=A little bit too long, 5=Much too long	
	PRUSECMP	No problem using computer	103. I had no problem using the computer today.	C	1	CHECKBOX	1=Definitely true, 2=Mostly true, 3=Unsure, 4=Mostly false, 5=Definitely false	
	PRINTCMP	Interviewer vs computer	104. Imagine you had been asked the same questions you were just asked by an interviewer rather than	C	1	CHECKBOX	1=A lot easier using the computer, 2=A little easier using the computer, 3=About the same, 4=A little harder	

			<p>completing them by computer. Compared to answering these questions by an interviewer, how was answering them using the computer today?</p>				<p>using the computer, 5=A lot harder using the computer</p>	
	PRADDCMT	Additional comments	<p>105. Is there anything you'd like to add regarding the quality, length, or administration of this questionnaire? Are there any questions you felt were difficult to understand or answer?</p>	M	4	TEXTAREA		
	PREDLVL	Education level	<p>106. What is the highest level of education you have completed?</p>	C	1	CHECKBOX	<p>1=8th grade or less, 2=Some high school, but did not graduate, 3=High school graduate or GED, 4=Some college or 2-year degree, 5=4-year college graduate, 6=More than 4-year college degree</p>	
	PRINCOME	Household income	<p>107. Which category best describes your <u>household</u> income?</p>	C	1	CHECKBOX	<p>1=Less than \$25,000, 2=\$25,000 - \$49,999, 3=\$50,000 - \$74,999, 4=\$75,000 - \$99,999, 5=\$100,000 - \$149,999, 6=\$150,000 or more</p>	
	PRORIGIN	Hispanic origin	<p>108. Are you Hispanic, Latino, or of Spanish origin?</p>	C	1	CHECKBOX	<p>1=No, not of Hispanic, Latino, or Spanish origin, 2=Yes, Mexican, Mexican American, Chicano, 3=Yes, Puerto Rican, 4=Yes, Cuban, 5=Yes, another Hispanic Latino or Spanish origin</p>	
	PRRACEWH	White		C	1	CHECKBOX	<p>1=White</p>	

	PRRACEBL	Black or African American		C	1	CHECKBOX	2=Black or African American	
	PRRACEAI	American Indian Alaskan		C	1	CHECKBOX	3=American Indian or Alaskan Native	
	PRRACEAS	Asian Indian		C	1	CHECKBOX	4=Asian Indian	
	PRRACEAN	Asian		C	1	CHECKBOX	5=Asian	
	PRRACESM	Samoan Native Hawaiian		C	1	CHECKBOX	6=Samoaan or Native Hawaiian	
	PRRACEPI	Other Pacific Islander		C	1	CHECKBOX	7=Other Pacific Islander	
	PRRACEOT	Other race		C	1	CHECKBOX	8=Other	
	PRRCPTSP	Specify other race	If "Other," specify:	C	30	TEXTBOX		