

LSK

Metadata Report

Post-Operative Questionnaire(POQ)
Version 1.00

Key Field	Field Name	Full Name	Question Text	Length and Decimals	Object Type	Codelist Values	Parenting
*	SITE	Center		5			
*	PROT	Protocol		5			
*	PROJID	Participant ID		5			
	POTAKQST	Where take questionnaire	1. Where are you taking this questionnaire?	1	CHECKBOX	1=Home, 2=Doctor's office, 3=Other location	
	POHEALTH	Health in general	2. In general, would you say your health is:	1	CHECKBOX	1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Poor	
	POWORRY	Worry about eyesight	3. How often do you worry about your eyesight or vision?	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	PONOTICE	Notice eyesight or vision	4. How often do you notice or think about your eyesight or vision?	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	POCLRCOR	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?	1	CHECKBOX	1=Perfectly clear, 2=Pretty clear, 3=Somewhat clear, 4=Not clear at all	
	PODRVCAR	Ever driven a car	6. Have you ever driven a car?	1	CHECKBOX	1=Yes, 2=No	
	POCURDRV	Currently drive	7. Do you currently drive?	1	CHECKBOX	1=Yes, 2=No	PODRVCAR not = 1
	POGAVDRV	Gave up driving	8. If you gave up driving, was that mainly because of your vision, mainly for some other reason, or because of	1	CHECKBOX	1=Mainly vision, 2=Mainly other reasons, 3=Both vision and other reasons	POCURDRV not = 2

			both your vision and other reasons?				
	PODRVDAY	Difficulty driving day	9. Because of your vision, how much difficulty do you have <u>driving during the daytime in familiar places</u> ? Would you say you have:	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	POCURDRV not = 1
	PODRVNGT	Difficulty driving night	10. Because of your vision, how much difficulty do you have <u>driving at night</u> ?	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	POCURDRV not = 1
	PODRVCON	Difficult drive conditions	11. 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?	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	POCURDRV not = 1
	POSEESID	Difficulty seeing side	12. 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?	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PODAILY	Difficulty daily activity	13. Because of your vision, how much difficulty do you have with your daily activities?	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	POACTSPT	Difficulty active sports	14. Because of your vision, how much difficulty do you have taking part in active sports	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty, 5=Never try to	

			or other outdoor activities that you enjoy (like hiking, swimming, aerobics, team sports, or jogging)?			do these activities because of vision, 6=Never do these activities for other reasons	
	POLESSPT	Less active sports	15. 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)?	1	CHECKBOX	1=Yes, 2=No	
	PONOSPT	No sports due to vision	16. Are there any recreational or sports activities that you don't do because of your vision or the type of vision correction you have?	1	CHECKBOX	1=Yes, 2=No	
	PODLYSP	Specify daily activities	17. 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.).	4	TEXTAREA		PODAILY not IN 2,3,4
	POHOBBY	Difficulty with hobbies	18. 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?	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	

	PONEWSPR	Difficult read newspaper	19. How much difficulty do you have reading ordinary print in newspapers?	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	
	POSMPRNT	Difficulty small print	20. How much difficulty do you have reading small print in a telephone book, on a medicine bottle, or on legal forms?	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	
	POACTIVE	No activity due to vision	21. 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?	1	CHECKBOX	1=Yes, many, 2=Yes, one or a few, 3=No	
	PODISTAN	Difficult judge distance	22. How much difficulty do you have judging distances, like walking down stairs or parking a car?	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	PODARK	Difficult walk into dark	23. 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?	1	CHECKBOX	1=No difficulty at all, 2=A little difficulty, 3=Moderate difficulty, 4=A lot of difficulty	
	POCLRCHG	Difficult clarity changes	24. How much difficulty do you have seeing because of changes in the clarity of your vision during the course of the day?	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	

	POBOTHER	Bothered clarity changes	25. How often are you bothered by changes in the clarity of your vision over the course of the day?	1	CHECKBOX	1=Never, 2=Rarely, 3=Occasionally, 4=Sometimes, 5=All the time	
	POSTRHLO	See starbursts or halos	26. How often when you are around bright lights at night do you see starbursts or haloes that bother you or make it difficult to see.	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 time	
	PO7DGLAR	Glare in the last 7 days	27. Have you experienced glare in the last 7 days?	1	CHECKBOX	1=Yes, 2=No	
	POGLRBTH	Bothersome glare	27a. How bothersome has it been?	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PO7DGLAR not = 1
	PO7DDVIS	Distorted vision 7 days	28. Have you experienced distorted vision in the last 7 days?	1	CHECKBOX	1=Yes, 2=No	
	PODISBTH	Bothersome distort vision	28a. How bothersome has it been?	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PO7DDVIS not = 1
	PO7DBLUR	Blurry vision last 7 days	29. Have you experienced blurry vision in the last 7 days?	1	CHECKBOX	1=Yes, 2=No	
	POBLRBTH	Bothersome blurry vision	29a. How bothersome has it been?	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PO7DBLUR not = 1
	PO7DTBSE	Trouble see last 7 days	30. Have you experienced trouble seeing in the last 7 days?	1	CHECKBOX	1=Yes, 2=No	
	POTBLBTH	Bothersome trouble seeing	30a. How bothersome has it been?	1	CHECKBOX	1=Very, 2=Somewhat, 3=A little, 4=Not at all	PO7DTBSE not = 1
	POPRBLSK	Problems after LASIK surg	31. Because of your LASIK surgery, do you now have any problems or limitations that did not exist prior to LASIK surgery?	1	CHECKBOX	1=Yes, 2=No	

	POPBLKSP	Specify problems LASIK	32. What problems or limitations do you have because of your LASIK surgery?	4	TEXTAREA		POPBRLSK not = 1
	POAFTQOL	Affect quality of life	33. Have these problems or limitations affected the quality of your life?	1	CHECKBOX	1=Yes, the quality of my life has gotten a lot worse, 2=Yes, the quality of my life has gotten a little bit worse, 3=No, the quality of my life has not been affected, 4=Yes, the quality of my life has gotten a little bit better, 5=Yes, the quality of my life has gotten a lot better	POPBRLSK not = 1
	POSATVIS	Satisfied present vision	34. In general, how satisfied or dissatisfied are you with your present vision?	1	CHECKBOX	1=Completely satisfied, 2=Very satisfied, 3=Somewhat satisfied, 4=Somewhat dissatisfied, 5=Very dissatisfied, 6=Completely dissatisfied	
	POEMPLOY	Currently employed	35. Are you currently employed (working for pay)?	1	CHECKBOX	1=Yes, 2=No	
	POMISEYE	Hours missed eye problems	36. 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, time you went in late, left early, etc., because of your eye problems. Do not include time you missed to participate in this study.</i>	2(0)	TEXTBOX		POEMPLOY not = 1
	POMISOTH	Hours missed other reason	37. During the past seven days, how many hours	2(0)	TEXTBOX		POEMPLOY not = 1

			did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?				
	POHRSWRK	Hours worked	38. During the past seven days, how many hours did you actually work?	2(0)	TEXTBOX		POEMPLOY not = 1
	POPRODCT	Eyes affect productivity		2	CHECKBOX	0=0, 1=1, 2=2, 3=3, 4=4, 5=5, 6=6, 7=7, 8=8, 9=9, 10=10	POEMPLOY not = 1
	POACTVTY	Eye affect daily activity		2	CHECKBOX	0=0, 1=1, 2=2, 3=3, 4=4, 5=5, 6=6, 7=7, 8=8, 9=9, 10=10	
	PONOGLCN	No glasses or contacts		1	CHECKBOX	7=I do not use glasses or contact lenses	
	POGLSDIS	Glasses used for distance		1	CHECKBOX	1=I use glasses to correct my vision for distance	
	POGLREAD	Glasses used for reading		1	CHECKBOX	2=I use glasses to correct my vision for reading	
	POSCNDS	Soft contacts distance		1	CHECKBOX	3=I use soft contact lenses to correct my vision for distance	
	POSCNRD	Soft contacts reading		1	CHECKBOX	4=I use soft contact lenses to correct my vision for reading	
	POHDCNDS	Hard contacts distance		1	CHECKBOX	5=I use hard (rigid gas permeable) contact lenses to correct my vision for distance	
	POHDCNRD	Hard contacts reading		1	CHECKBOX	6=I use hard (rigid gas permeable) contact lenses to correct my vision for reading	
	PODOUBLE	Double images last 7 days	42. In the last 7 days, have you seen any double	1	CHECKBOX	1=Yes, but ONLY when NOT wearing glasses or contact	

			<u>images?</u>			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	
PODBLCOR	Double vision 7 days corr	43a. In the last 7 days, <u>how often</u> have you seen double images when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	PODOUBLE not IN 1,2,3	
PODBNOCR	Double vis 7 days no corr	43b. In the last 7 days, <u>how often</u> have you seen double images when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	PODOUBLE not IN 1,2,3	
PODBCRBT	Bother double vis correct	44a. In the last 7 days, <u>how bothersome</u> have the double images been when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	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	PODOUBLE not IN 1,2,3	
PODBNCBT	Bother double vis no corr	44b. In the last 7 days, <u>how bothersome</u> have the double images been when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	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	PODOUBLE not IN 1,2,3	
PODBCRAC	Activity double vis corr	45a. In the last 7 days, <u>how much difficulty</u> have you had doing	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=No difficulty at all, 2=Very	PODOUBLE not IN 1,2,3	

			<p><u>your usual activities</u> because you see double images when you are <u>wearing your best vision correction</u> (glasses or contact lenses)?</p>			<p>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</p>	
	PODBNCAC	Activity dbl vis no corr	<p>45b. In the last 7 days, <u>how much difficulty</u> have you had doing your usual activities because you see double images when you are <u>NOT</u> wearing any vision correction (glasses or contact lenses)?</p>	1	CHECKBOX	<p>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</p>	PODOUBLE not IN 1,2,3
	POCORDBL	Double vision correction	<p>46. When you use your best vision correction (glasses or contact lenses) do the double images you see:</p>	1	CHECKBOX	<p>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</p>	PODOUBLE not IN 1,2,3
	POGLARE	Noticed glare last 7 days	<p>47. In the last 7 days, have you noticed any glare?</p>	1	CHECKBOX	<p>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</p>	
	POGLRCOR	Glare with correction	<p>48a. In the last 7 days, <u>how often</u> have you noticed glare when you are <u>wearing your best vision correction</u> (glasses or contact lenses)?</p>	1	CHECKBOX	<p>6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always</p>	POGLARE not IN 1,2,3

	POGLNOCR	Glare with no correction	48b. In the last 7 days, <u>how often</u> have you noticed glare when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	POGLARE not IN 1,2,3
	POGLCRBT	Glare correct bothersome	49a. In the last 7 days, <u>how bothersome</u> has the glare been when you are <u>wearing your best vision correction (glasses or contact lenses)?</u>	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	POGLARE not IN 1,2,3
	POGLNCBT	Glare no correct bother	49b. In the last 7 days, <u>how bothersome</u> has the glare been when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	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	POGLARE not IN 1,2,3
	POGLCRAC	Glare correction activity	50a. In the last 7 days, <u>how 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>	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	POGLARE not IN 1,2,3
	POGLNCAC	Glare no correct activity	50b. In the last 7 days, <u>how 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>	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	POGLARE not IN 1,2,3

	POCORGLR	Glare best correction	51. When you use your best vision correction (glasses or contact lenses) does the glare you notice:	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	POGLARE not IN 1,2,3
	POHALOS	Notice halos last 7 days	52. In the last 7 days, have you seen any halos ?	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	
	POHALCOR	Halos with correction	53a. In the last 7 days, <u>how often</u> have you seen halos when <u>you are wearing your best vision correction (glasses or contact lenses)?</u>	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	POHALOS not IN 1,2,3
	POHLNOCR	Halos with no correction	53b. In the last 7 days, <u>how often</u> have you seen halos when <u>you are NOT wearing any vision correction (glasses or contact lenses)?</u>	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	POHALOS not IN 1,2,3
	POHLCRBT	Halos correct bothersome	54a. In the last 7 days, <u>how bothersome</u> have the halos been when <u>you are wearing your best vision correction (glasses or contact lenses)?</u>	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	POHALOS not IN 1,2,3
	POHLNCBT	Halos no correct bother	54b. In the last 7 days, <u>how bothersome</u> have the halos been	1	CHECKBOX	1=Extremely bothersome, 2=Very bothersome, 3=Somewhat bothersome,	POHALOS not IN 1,2,3

			when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>			4=A little bothersome, 5=Not at all bothersome, 6=I always use glasses or contact lenses	
	POHLCRAC	Halos correction activity	55a. 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)?	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	POHALOS not IN 1,2,3
	POHLNCAC	Halos no correct activity	55b. In the last 7 days, <u>how much difficulty have you had doing your usual activities</u> because you see halos when you are <u>NOT wearing any vision correction (glasses or contact lenses)?</u>	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	POHALOS not IN 1,2,3
	POCORHAL	Halos best correction	56. When you use your best vision correction (glasses or contact lenses) do the halos you see:	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	POHALOS not IN 1,2,3
	POSTRBST	Starburst last 7 days	57. In the last 7 days, have you seen any starbursts ?	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	
	POSTRCOR	Starburst with correction	58a. In the last 7 days, <u>how often</u> have you seen	1	CHECKBOX	6=I do not use glasses or contact lenses, 1=Never,	POSTRBST not IN 1,2,3

			<u>starbursts when you are wearing your best vision correction (glasses or contact lenses)?</u>			2=Rarely, 3=Sometimes, 4=Often, 5=Always	
	POSTNOCR	Starburst no corection	58b. In the last 7 days, <u>how often</u> have you seen starbursts when you are NOT wearing any vision correction (glasses or contact lenses)?	1	CHECKBOX	1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always, 6=I always use glasses or contact lenses	POSTRBST not IN 1,2,3
	POSTCRBT	Starburst correct bother	59a. 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>	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	POSTRBST not IN 1,2,3
	POSTNCBT	Starburst no correct bthr	59b. 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>	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	POSTRBST not IN 1,2,3
	POSTCRAC	Starburst correct active	60a. In the last 7 days, <u>how much difficulty</u> have you had doing your usual activities because you see starbursts when you are wearing your best vision correction (glasses or contact lenses)?	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	POSTRBST not IN 1,2,3
	POSTNCAC	Starburst no corr active	60b. In the last 7 days, <u>how much difficulty</u> have you had doing	1	CHECKBOX	1=No difficulty at all, 2=Very little difficulty, 3=Moderate difficulty, 4=A	POSTRBST not IN 1,2,3

			<p><u>your usual activities</u> because you see starbursts <u>when you are NOT wearing any vision correction</u> (glasses or contact lenses)?</p>			<p>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</p>	
	POCORSTR	Starburst best correction	<p>61. When you use your best vision correction (glasses or contact lenses) do the starbursts you see:</p>	1	CHECKBOX	<p>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</p>	<p>POSTRBST not IN 1,2,3</p>
	POLIGHT	Eyes sensitive to light	62. Eyes that are sensitive to light?	1	CHECKBOX	<p>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</p>	
	POGRITTY	Eyes feel gritty	63. Eyes that feel gritty?	1	CHECKBOX	<p>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</p>	
	POSORE	Painful or sore eyes	64. Painful or sore eyes?	1	CHECKBOX	<p>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</p>	
	POBLRVIS	Blurred vision	65. Blurred vision?	1	CHECKBOX	<p>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</p>	
	POPOORVS	Poor vision	66. Poor vision?	1	CHECKBOX	<p>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</p>	
	POWINDY	Windy conditions	67. Windy conditions?	1	CHECKBOX	<p>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</p>	

	POHUMID	Places with low humidity	68. Places or areas with low humidity (very dry)?	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	
	POAIRCND	Areas air conditioned	69. Areas that are air conditioned?	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	
	PORECOVR	Expect recovery period	70. Did your surgeon or health provider from this surgeon's office explain what to expect during your recovery period from LASIK surgery?	1	CHECKBOX	1=Yes, definitely, 2=Yes, somewhat, 3=No	
	POSATLSK	Satisfied with LASIK	71. Currently, how satisfied or dissatisfied are you with the result of your LASIK surgery?	1	CHECKBOX	1=Completely satisfied, 2=Very satisfied, 3=Somewhat satisfied, 4=Somewhat dissatisfied, 5=Very dissatisfied, 6=Completely dissatisfied	
	POSATIMP	Satisfied vision improve	72. Currently, how satisfied or dissatisfied are you with how long it took to see <u>improvement in your vision</u> after LASIK surgery?	1	CHECKBOX	1=Completely satisfied, 2=Very satisfied, 3=Somewhat satisfied, 4=Somewhat dissatisfied, 5=Very dissatisfied, 6=Completely dissatisfied, 7=Never had any improvement in my vision after LASIK surgery	
	POSATSYM	Satisfied with symptoms	73. Currently, how satisfied or dissatisfied are you with how long it took to see <u>improvement in your post-operative symptoms of discomfort</u> after LASIK surgery?	1	CHECKBOX	1=Completely satisfied, 2=Very satisfied, 3=Somewhat satisfied, 4=Somewhat dissatisfied, 5=Very dissatisfied, 6=Completely dissatisfied, 7=Never had any post-operative	

						symptoms of discomfort after LASIK surgery	
	PORISKS	Understood the risks	74. How well do you feel you understood the risks and benefits of the LASIK procedure before treatment?	1	CHECKBOX	1=Completely understood, 2=Somewhat understood, 3=Somewhat misunderstood, 4=Completely misunderstood	
	PODSTANC	Distance vision LASIK	75. When you are <u>not wearing</u> glasses or contact lenses, is your distance vision now as good as you anticipated it would be after LASIK surgery?	1	CHECKBOX	1=Yes, definitely, 2=Yes, somewhat, 3=No	
	POGLSCON	Current glasses contacts	76. Are you currently wearing glasses or contact lenses to see things in the distance?	1	CHECKBOX	1=No, none of the time, 2=Yes, some of the time, 3=Yes, most of the time, 4=Yes, all of the time	
	POGOALS	Achieve goals with LASIK	77. Did you achieve the goals you had for LASIK surgery?	1	CHECKBOX	1=Yes, fully achieved, 2=Yes, partially achieved, 3=No	
	POHAPPY	Happy with LASIK	78. How happy or unhappy are you that you had LASIK surgery?	1	CHECKBOX	1=Completely happy, 2=Very happy, 3=Somewhat happy, 4=Somewhat unhappy, 5=Very unhappy, 6=Completely unhappy	
	POLSKAGN	Have LASIK again	79. If you could do it all over again, would you decide to have LASIK performed?	1	CHECKBOX	1=Yes, I would decide to have it again, because of my result., 2=Yes, I would decide to have it again, despite my result., 3=No, I would not decide to have it again, because of my result., 4=No, I would not decide to have it again, despite my result.	

	POLSKRCM	Recommend LASIK	80. Would you recommend LASIK surgery to a friend or family member?	1	CHECKBOX	1=Yes, I would recommend it because of my result., 2=Yes, I would recommend it despite my result., 3=No, I would not recommend it because of my result., 4=No, I would not recommend it despite my result.	
	POFACTLY	Did not like facility		1	CHECKBOX	1=Did not like the facility	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	POSURGEN	Did not like surgeon		1	CHECKBOX	2=Did not like the surgeon	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	POSTAFF	Did not like staff		1	CHECKBOX	2=Did not like the staff	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	POPROC	Did not like procedure		1	CHECKBOX	4=Did not like the procedure	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	PORESULT	Did not like the results		1	CHECKBOX	5=Did not like the results	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	PONRCMOT	Not recommend other		1	CHECKBOX	6=Other	POLSKAGN not IN 3,4 AND POLSKRCM not IN 3,4
	POINTRST	Little interest doing thg	82. Over the <u>last 2 weeks</u> , how often have you been bothered by having little interest or pleasure in doing things?	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	
	POFEELDW	Feeling down	83. Over the <u>last 2 weeks</u> , how often have you been bothered by feeling down, depressed, or hopeless?	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	
	POFEELNV	Feeling nervous	84. Over the <u>last 2 weeks</u> ,	1	CHECKBOX	0=Not at all, 1=Several	

			how often have you been bothered by feeling nervous, anxious, or on edge?			days, 2=More than half the days, 3=Nearly every day	
	POCNTWRY	Not control worry	85. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?	1	CHECKBOX	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day	