



## Your Vision Lifestyle!

Welcome! You are here because you care about your vision and we're here because we care too! Please fill out this brief questionnaire so that we can better help you to protect that vision as well as care for the overall health of your eyes.

Name \_\_\_\_\_

Date \_\_\_\_\_

Please circle how often you currently wear the following forms of sight correction and/or sight protection...

<b>Contact Lenses</b>	Always	Often	Rarely	Never
<b>Eyeglasses</b>	Always	Often	Rarely	Never
<b>Plano Sunglasses</b> (Non-prescription)	Always	Often	Rarely	Never
<b>Prescription Sunglasses</b>	Always	Often	Rarely	Never

Your eyewear is a part of your life! It should function perfectly, look great and always feel completely comfortable! Do you have any of the following problems with your current eyewear? Please check all that apply.

- Too heavy (They leave marks on nose or cheeks.)
- Poor fit (They slip down or are uneven.)
- Squeeze too hard on the temples
- Wrong size (too large or too small)
- Difficulty with bifocal
- Too much glare
- Irritating under fluorescent lights
- Inadequate amount of reading area in the lenses
- Need constant adjustment
- Outdated, faded or worn out
- Screws fall out too easily
- Other, please comment:

Please tell us what you do! Just circle your participation level in the following activities and indicate whether or not you currently have eyewear specific for that activity.

<u>At Home / Work:</u>	<u>I have eyewear for this activity</u>					
<b>Reading</b>	Frequently	Infrequently	Never		Yes	No
<b>Computer</b>	Frequently	Infrequently	Never		Yes	No
<b>Television</b>	Frequently	Infrequently	Never		Yes	No
<b>Other (musical instruments, hobbies, etc.):</b>						
_____	Frequently	Infrequently	Never		Yes	No
<b><u>Outside:</u></b>						
<b>Driving</b>	Frequently	Infrequently	Never		Yes	No
<b>Cycling</b>	Frequently	Infrequently	Never		Yes	No
<b>Walking/Jogging</b>	Frequently	Infrequently	Never		Yes	No
<b>Golf</b>	Frequently	Infrequently	Never		Yes	No
<b>Tennis</b>	Frequently	Infrequently	Never		Yes	No
<b>Water Sports</b>	Frequently	Infrequently	Never		Yes	No
<b>Snow Sports</b>	Frequently	Infrequently	Never		Yes	No
<b>Other:</b>						
_____	Frequently	Infrequently	Never		Yes	No

**Do you have any other special visual needs? If so, please describe:**

