



Lifestyle Vision Questionnaire

Name: _____ Date: _____

We recognize that your eyes are very important to you. We would like to know how you use your eyes on a daily basis. Along with your eye exam, this information will assist us in recommending the best options for your eyes and your personal lifestyle vision.

Do you currently wear glasses? NO YES

If Yes: All the time Sometimes

Only for distance Only for reading Only for computer

How important is it for you to see to read or use the computer without glasses?

Very Important Important Somewhat Important Not important

If it were possible to go without glasses most of the time, would you like that? Yes No

How many hours per day do you read? _____ use the computer? _____

Do you drive at night? Socially Occasionally As a profession

Please check the following activities you do on a regular basis:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Read newspaper, books | <input type="checkbox"/> Read medicine bottles | <input type="checkbox"/> Sew | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Drive daytime | <input type="checkbox"/> Drive nighttime | <input type="checkbox"/> Shop | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Television | <input type="checkbox"/> Hunt or Fish | <input type="checkbox"/> Paint/ Artist | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Smart Phone | <input type="checkbox"/> Movie Theatre | <input type="checkbox"/> Dine in Restaurant |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Gaming (Cards/ Slots) | <input type="checkbox"/> Gardening | <input type="checkbox"/> Tablet (Ipod / Kindle) |

Please underline the above activities that you would like to see without glasses if possible

What occupational, recreational, or other activities do you currently engage in that are not listed above?

Please place an "X" on the following scale to describe your personality as best as possible:

Easy going

Perfectionist

Patient Signature

Date