Help Us Help You – A *Vision Lifestyle Questionnaire*

Last Name_____ First _____Date of Birth _____

Occupation_____ Age_____ Sex □ Male □ Female

In order for our doctors and eye care professionals to assist you in making the best possible decisions about your vision and general eye health, please take a moment to complete this brief questionnaire. It is designed to indicate what eye health options might be right for you. *Thank you.*

1. **Do you currently wear eyeglasses?** □ Yes □ No
   If Yes, for what purpose?_____

2. **Are you interested in reducing your need for glasses?** □ Yes □ No

3. **Do you wear contacts?** □ Yes □ No
   (If yes, check all that apply)
   - □ I have a current pair of prescription eyeglasses
   - □ I have a current pair of prescription sunglasses
   - □ I have non- prescription sunglasses
   - □ I use over the counter reading glasses

4. **If you do not currently wear contacts are you interested in seeing if you are a good candidate?**
   □ Yes □ No

5. **Do you spend more than one hour per day in the sun?** □ Yes □ No

6. **Which of the following visual demands do you encounter on a regular basis?** *(check all that apply)*

□ Artificial lighting	□ Natural lighting	□ Potential eye hazards
□ Night driving	□ Reading	□ Close-up work
□ Paperwork	□ Computer work	□ Other_____

7. **How many hours per day do you spend on a computer? _____ Reading? _____**

8. **Which of the following hobbies or activities do you participate in?** *(check all that apply)*

□ Fishing	□ Reading	□ Biking
□ Golf	□ Sewing/arts/crafts	□ Boating/Water sports
□ Snow sports	□ Bookkeeping	□ Hunting/shooting
□ Landscaping/gardening	□ Watching TV	□ Computer
□ Musical instrument	□ Welding/woodwork	□ Drawing/painting
□ Other_____		

9. **Do your eyes seem bothered by glare from any of the following situations?** *(check all that apply)*

□ Car headlights	□ Haze	□ Sunshine
□ Computer monitor	□ Night driving	□ Traffic lights
□ Fluorescent lights	□ Other_____	

10. **Do you frequently drive at night?** □ Yes □ No

11. **How would your friends describe your personality?** *Circle one*

    Easy going 1 … 2 … 3 … 4 … 5 Perfectionist

Chart #_____ Date:_____