



## Lifestyle Questionnaire

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Occupation: \_\_\_\_\_

This questionnaire is designed to assist your eyecare professional in helping you select the perfect lenses, frames and/or contacts to suit your visual needs and lifestyle. Please take a few moments to answer the following questions.

### 1. Which of the following visual demands do you encounter on a regular basis? (Check all that apply)

- Artificial lighting
- Computer work
- Potential eye hazards
- Board work
- Natural lighting
- Reading
- Close-up work
- Paperwork
- Other

### 2. Which of the following hobbies or activities do you participate in? (Check all that apply)

- Auto repair
- Fishing
- Reading
- Biking
- Golf
- Sewing/arts/crafts
- Boating/water sports
- Home repairs
- Snow sports
- Bookkeeping
- Hunting/shooting
- Spectator sports
- Bowling
- Jogging/running
- Tennis
- Competitive sports
- Landscaping/gardening
- Watching TV
- Computer
- Musical instrument
- Welding
- Drawing
- Painting
- Woodwork
- Driving
- Pilot
- Other: \_\_\_\_\_
- Exercise
- Racquetball
- \_\_\_\_\_

### 3. Do your eyes seem bothered by glare from any of the following situations:

- Car headlights
- Haze
- Traffic lights
- Computer screen
- Night driving
- Other: \_\_\_\_\_
- Fluorescent lights
- Sunlight
- \_\_\_\_\_

### 4. If you wear contacts, do you have: (Check all that apply)

- Current pair of prescription glasses
- Sunglasses (purchased at a boutique, department / optical store)
- Other: \_\_\_\_\_