

# **LIFESTYLE QUESTIONNAIRE**

In order to better meet your particular visual needs, please check the appropriate activities:

- Computer
- Reading
- Golf
- Tennis
- Fishing
- Walking
- Driving
- TV
- Soccer
- Camping/Hiking
- Baseball/Softball
- Biking
- Playing musical instr.
- Sewing
- Skateboard, Scooter

- Movies
- Football
- Basketball/Football
- Skiing/Snowboarding
- Hunting
- Water Sports/Sailing/Jet Ski
- Woodworking/Carpentry
- Running
- Playing Cards
- Swimming
- Bowling
- Shooting Sports
- Travel
- Racquet Sports
- Gardening

**OCCUPATION:**

At work, do you read small print? \_\_\_\_\_ Do you perform fine or up-close work? \_\_\_\_\_  
 Is safety protection a concern? \_\_\_\_\_ Are you outdoors all or part of the time? \_\_\_\_\_  
 How much time do you spend on a computer daily? None    1-2 hrs.    3-6 hrs.    more

**CURRENT STATUS:**

How many pairs of prescription glasses do you currently use? \_\_\_\_\_  
 If you wear single vision glasses are they (circle one)  
                     For distance only                      For reading only                      For both distance and near  
 Do you wear Bifocals? \_\_\_\_\_ Trifocals? \_\_\_\_\_ Progressive (No line)? \_\_\_\_\_  
 Are you interested in or have you worn lenses that darken in sunlight? \_\_\_\_\_  
 Do you have prescription sunglasses? \_\_\_\_\_ Are they polarized? \_\_\_\_\_  
 Are you bothered by bright light or reflection? \_\_\_\_\_  
 Is safety protection a concern during sports? \_\_\_\_\_

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_