

# LIFESTYLE QUESTIONNAIRE

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

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

This questionnaire is designed to assist your eye care professional in helping you select the perfect lenses, frames, and/or contacts to suit your visual needs and lifestyle. Please take a moment 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 monitor	Night Driving	Other:
Fluorescent lights	Sunshine	

3. **If you wear contacts, do you have:** *(Check all that apply)*

Current pair of prescription glasses

Sunglasses (purchased at a boutique, department store, optical shop)

Other:

4. **Do you have any metal or silicon allergies?**

Yes

No

5. **What do you like about your current glasses or contacts (color, style, fit, etc.)?**

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6. **What don't you like about your current glasses or contacts (weight, thickness, glare, etc)?**

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**DOCTOR RECOMMENDATIONS**

Single Vision

Sports Lenses

Half eyes

Lined Bifocal

Safety Glasses

Readers

Round Bifocal

Computer Glasses

Plano Sunglasses

Blended Bifocal

Music Glasses

Trifocal Lenses

Reading Glasses

Progressive Lens Type \_\_\_\_\_

Polycarbonate

High Index

Tint

Glass Lenses

Anti-reflective coating

Thin as possible

Trivex Lenses

Polarized Lenses

Prism

Transition Lenses

Contact Lens Type \_\_\_\_\_