

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 daily. Along with your eye exam, this info will assist us in recommending the best options for your eyes and your personal lifestyle vision.

- Do you wear glasses now? ___No If Yes: ___ All the time ___ Sometimes
___ Only for far distance ___ Only for reading ___ Only for computer
- How important is it for you to read or use computer without glasses?
___ Very important ___ Important ___ Not important
- How many hours per day do you: read? _____ use computer? _____
- Where do you hold book when reading? ___ close to face ___ chest level ___ in your lap
- Percentage of reading in bright light (outdoors) _____% vs. low light settings (menu, bedtime) _____ % ?
- How do you *feel* about wearing glasses? _____
- If it were possible to go without glasses for most of the time, would you like that? ___No ___Yes
- Do you drive at night? ___No If Yes: ___Occasionally ___ Nightly ___As profession (truck, cab)

Check the following activities you do on a regular basis:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Read Newspaper, Books, Labels (daytime / nighttime / day or night) | <input type="checkbox"/> Sew/Needlepoint | | |
| <input type="checkbox"/> Computer-desktop | <input type="checkbox"/> iPad or Laptop | <input type="checkbox"/> Smart/Cell Phone | <input type="checkbox"/> Paperwork / Writing |
| Drive daytime | <input type="checkbox"/> Drive nighttime | <input type="checkbox"/> Shop | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Hunt or Fish | <input type="checkbox"/> Paint / Artist | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Play Cards / Dominos | <input type="checkbox"/> Bicycle, Roller blades, Hike, etc | |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Spectator Sports | <input type="checkbox"/> Movie Theatre | <input type="checkbox"/> Dine in Restaurant |

Underline the above activities that you would like to do without glasses if possible

- What occupational, recreational, or other activities do you currently engage in that are not listed above?
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Please place an "X" on the following scale to describe your personality as best you can:

Easy going Perfectionist