



PATIENT INFORMATION/LIFESTYLE QUESTIONNAIRE

The goal of the optical professionals at Eye Care and Vision Associates is to provide you with quality eyewear that will meet all of your lifestyle needs. With the enhanced technologies in vision, frame and lenses we are given the opportunity to better assist you in purchasing eyewear that will perform to your expectations, with comfort and style.

In helping us to ensure that the eyewear you receive will enable you to successfully perform all of your daily activities; whether it is for work or play, we request that you fill out this brief questionnaire.

Name: _____ Date Completed: _____

Occupation: _____ Age: _____ Sex: Male Female

1. What recreational hobbies or activities do you enjoy? Check all that apply.
- | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Running | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Football |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Water Sports | <input type="checkbox"/> Fishing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Other _____ |

2. What interests and hobbies do you enjoy? Check all that apply.
- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Gardening | <input type="checkbox"/> Knitting | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Cooking | <input type="checkbox"/> Video Games | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Sewing | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Other _____ |

3. What job requirements do you have? Check all that apply.
- | | |
|--|---|
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> I Work Outdoors |
| <input type="checkbox"/> Considerable Reading | <input type="checkbox"/> My Job Necessitates Safety Eyewear |
| <input type="checkbox"/> I Work Under Fluorescent Lighting | <input type="checkbox"/> Other _____ |

4. Are you experiencing any difficulties with your glasses and/or contact lenses with these activities? Check all that apply.
- | | |
|--|--|
| <input type="checkbox"/> Glare | <input type="checkbox"/> Inconsistent Vision |
| <input type="checkbox"/> Fogging | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Constant Adjustment | _____ |

- | | | |
|--|------------------------------|-----------------------------|
| 5. Are your lenses scratched or damaged from regular use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you spend more than two hours a day viewing a computer screen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you consider yourself sensitive to sunlight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you spend more than one hour a day in the sun? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have difficulties driving at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are your current glasses uncomfortable or cause indentations on your nose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Would thinner lighter lenses appeal to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Would you like a frame style change? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
13. List "designer" labels you include in your wardrobe.
- _____
- _____

14. Which statement(s) best describe yourself?
- | | |
|--|--|
| <input type="checkbox"/> I lead an active lifestyle (exercise and recreation). | <input type="checkbox"/> I try to keep up with the later fashion trends. |
| <input type="checkbox"/> I enjoy being outdoors as much as possible. | <input type="checkbox"/> I am allergic to nickel products. |