

Your Vision Lifestyle!

Welcome! You are here because you care about your vision and we're here because we care too! Please fill out this brief questionnaire so that we can better help you to protect that vision as well as care for the overall health of your eyes.

Name _____

Date _____

Please circle how often you currently wear the following forms of sight correction and/or sight protection:

Contact Lenses	Always	Often	Rarely	Never
Eyeglasses	Always	Often	Rarely	Never
Plano Sunglasses (Non-prescription)	Always	Often	Rarely	Never
Prescription Sunglasses	Always	Often	Rarely	Never

Your eyewear is a part of your life! It should function perfectly, look great and always feel completely comfortable! Do you have any of the following problems with your current eyewear?

Please check all that apply.

- Too heavy (They leave marks on nose or cheeks)
- Poor fit (They slip down or are uneven)
- Squeeze too hard on the temples
- Wrong size (too large or too small)
- Difficulty with bifocal
- Too much glare
- Irritating under fluorescent lights
- Inadequate amount of reading area in lenses
- Need constant adjustment
- Outdated, faded or worn out
- Screws fall out too easily
- Other, please comment:

Please tell us what you do! Just circle your participation level in the following activities and indicate whether or not you currently have eyewear specific for that activity.

At Home / Work

I have eyewear for this activity:

Reading	Frequently	Infrequently	Never	Yes	No
Computer	Frequently	Infrequently	Never	Yes	No
Television	Frequently	Infrequently	Never	Yes	No
Other (musical instruments, hobbies, etc.) _____					
	Frequently	Infrequently	Never	Yes	No

Outside:

Driving	Frequently	Infrequently	Never	Yes	No
Cycling	Frequently	Infrequently	Never	Yes	No
Walking/Jogging	Frequently	Infrequently	Never	Yes	No
Golf	Frequently	Infrequently	Never	Yes	No
Tennis	Frequently	Infrequently	Never	Yes	No
Water sports	Frequently	Infrequently	Never	Yes	No
Snow sports	Frequently	Infrequently	Never	Yes	No
Other: _____	Frequently	Infrequently	Never	Yes	No

Do you have any other special visual needs? If so, please describe: