



Lifestyle Questionnaire

Name _____ Date _____

Your answers will help us recommend the best visual correction for your eyes & your lifestyle.

1 Vision Complaint?

Far Away At the computer In Between Night time Close Up

2 What would you change about your current eye wear?

Weight Durability Thickness Fit Shape

3 Are you bothered by glare?

Driving Reading Outside Computer

4 How many hours a day do you use a computer? _____ # of hrs

5 What hobbies/activities do you enjoy? _____

6 What type of work do you do? _____

7 When do glasses get in the way? (golf, swimming, traveling) _____

8 I prefer not to have to wear any glasses. Yes No

9 Would you like to explore the latest in contact lenses today Yes No

10 If you are wearing contact lenses: Is there anything you would change? _____

11 If you have stopped wearing contact lenses: Why? _____

Any Additional comments: _____
