

# Better Vision ... Better Life: A Lifestyle Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_ Chart # \_\_\_\_\_

**HELP US HELP YOU.** In order for our doctors to assist you in making the best possible decisions about your vision and general eye health, please take moment to complete this brief questionnaire, which is designed to indicate what eye health options might be right for you. *Thank you.*

1. **Do you mind wearing glasses?** Yes \_\_\_\_\_ No \_\_\_\_\_
2. **Do you want to know what we offer to reduce your need for glasses?** Yes \_\_\_\_\_ No \_\_\_\_\_
3. **Do you own or wear more than one pair of glasses?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", what do you use them for? \_\_\_\_\_
4. **Do you wear contact lenses?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", how many hours a day do you wear them? 6-12 hours \_\_\_\_\_ 12-24 hours \_\_\_\_\_
5. **What is (was) your occupation?** \_\_\_\_\_
6. **Do you participate in any sports or outside activities?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Golf \_\_\_\_\_ Swimming \_\_\_\_\_ Gardening \_\_\_\_\_  
Walking \_\_\_\_\_ Tennis \_\_\_\_\_ Running/Hiking \_\_\_\_\_  
Fishing/Boating \_\_\_\_\_ Other \_\_\_\_\_
7. **What are your hobbies?**  
Reading \_\_\_\_\_ Reading Music \_\_\_\_\_ Sewing/Knitting/Embroidery \_\_\_\_\_  
Cards \_\_\_\_\_ Gardening \_\_\_\_\_ Woodworking \_\_\_\_\_  
Dancing \_\_\_\_\_ Model Building \_\_\_\_\_ Crossword Puzzles \_\_\_\_\_  
Bingo \_\_\_\_\_ Other \_\_\_\_\_
8. **Do you use a computer?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", where? Work \_\_\_\_\_ Home \_\_\_\_\_  
How many hours a day are you on the computer? 1-3 hours \_\_\_\_\_ 4+ hours \_\_\_\_\_
9. **Do you frequently drive at night?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", do you notice halos or rings around lights? Yes \_\_\_\_\_ No \_\_\_\_\_
10. **How would YOUR FRIENDS describe your personality?**  
Easy Going 1 ... 2 ... 3 ... 4 ... 5 Perfectionist