



PATIENT INFORMATION/LIFESTYLE QUESTIONNAIRE

Our goal is to provide our patients with quality eyewear that will meet all of their lifestyle needs. Over the years there have been major advances in frame and lens technologies. With these advances, we are given the opportunity to better assist our patients in purchasing eyewear that will perform to their expectations yet be stylish and comfortable.

In helping us ensure that the eyewear you receive will enable you to successfully perform all of your daily activities, whether it be for work or play, we request that you fill out this brief questionnaire. This information will allow us to better assist you in making the eyewear choices most beneficial to your lifestyle.

Name: _____ Date Completed: _____

Occupation: _____ Age: _____ Sex: Male Female

Does your work require you to be on a computer? Yes No If yes, for approximately how long each day? _____

What type of sports/recreation/hobbies do you participate in? _____

Do you play any musical instruments? Yes No If yes, what do you play? _____

Do you spend a lot of time reading for either work or pleasure? Yes No

If you are a contact lense wearer, do you have a pair of glasses for backup in the event you could not wear your lenses? Yes No

What do you like most about your present eyewear? _____

What do you like least? _____

Thank you for taking the time to help us meet your eyewear needs!