





Please list all major injuries, surgeries, and/or hospitalizations you have had:

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## LIFESTYLE QUESTIONNAIRE

Please check any that apply to you:

### WORK AND HOBBIES

- Computer work 3+ hrs./day
- Reading (small print)
- Watching TV/movies
- Cooking
- Writing
- Play musical instrument(s)
- Travel
- Gardening/Landscaping/Yard work
- Woodworking/sawing/carpentry
- Auto repair
- Painting
- Use of power tools
- Use of chemicals/caustic materials
- Sewing/needlepoint/other detail work
- Camping/hiking
- Water sports/sailing/jet ski/boating
- Playing cards/bingo/board games
- Pilot

### SPORTS AND ACTIVITIES

- Golf
- Tennis/badminton
- Walking
- Running
- Biking
- Soccer
- Baseball/softball
- Skateboard/scooter
- Skating (ice, inline)
- Football
- Basketball
- Skiing/snowboarding
- Swimming
- Bowling
- Racquet ball
- Dancing
- Hunting/shooting
- Weight lifting

### CURRENT EYEWEAR

- Safety glasses (work and home)
- Sunglasses, Polarized
- Sunglasses, Tinted
- Goggles for swimming
- Goggles for contact sports
- Back up glasses (current RX)
- Computer glasses
- Golf glasses
- Shooting glasses
- Sport specific contact lenses
- Sport specific sunglasses

Any hobby, work activity, sport, or recreational activity we forgot that applies to you? \_\_\_\_\_

Anything else you feel would help us provide you with appropriate solutions to your particular needs?

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How many pairs of glasses do you currently own? \_\_\_\_\_

If you wear single vision glasses are they  for distance?  for reading only?

Do you wear  bifocals?  trifocals?  progressive (no line)?

Are you interested in lenses that darken in sunlight?  Yes  No

Are you bothered by bright light or reflection?  Yes  No