

Lifestyle Questionnaire

Our goal at Vision Source Willowbrook 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 technology. With these advances, we have the opportunity to better assist our patients in purchasing eyewear that will perform to their expectations, yet be comfortable and stylish.

To help us ensure the eyewear you receive will enable you to successfully perform all of your daily activities, whether it is for work or play, please complete 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

1. What recreational hobbies or activities do you enjoy? Check all that apply.

- | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Running | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Football |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Water Sports | <input type="checkbox"/> Fishing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Other _____ |

2. What interests and hobbies do you enjoy? Check all that apply.

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Gardening | <input type="checkbox"/> Knitting | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Cooking | <input type="checkbox"/> Video Games | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Sewing | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Other _____ |

3. What job requirements do you have? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> I Work Outdoors |
| <input type="checkbox"/> Considerable Reading | <input type="checkbox"/> My Job Necessitates Safety Eyewear |
| <input type="checkbox"/> I Work Under Fluorescent Lighting | <input type="checkbox"/> Other _____ |

4. Are you experiencing any difficulties with your glasses and/or contact lenses with these activities? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Glare | <input type="checkbox"/> Inconsistent Vision |
| <input type="checkbox"/> Fogging | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Constant Adjustment _____ | |

5. Are your lenses scratched or damaged from regular use? Yes No

6. Do you spend more than two hours a day viewing a computer screen? Yes No

7. Do you consider yourself sensitive to sunlight? Yes No

8. Do you spend more than one hour a day in the sun? Yes No

9. Do you have difficulties driving at night? Yes No

10. Are your glasses uncomfortable or cause indentations on your nose? Yes No

11. Would thinner, lighter lenses appeal to you? Yes No

12. Would you like to change your frame style? Yes No

13. List "designer" labels you include in your wardrobe: _____

14. Which statement(s) best describe yourself?

- | | |
|--|--|
| <input type="checkbox"/> I lead an active lifestyle (exercise and recreation). | <input type="checkbox"/> I try to keep up with fashion trends. |
| <input type="checkbox"/> I enjoy being outdoors as much as possible. | <input type="checkbox"/> I am allergic to nickel products. |