

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We recognize that your eyes are very important to you. We would like to know how you use your eyes on a daily basis. Along with your eye exam, this info will assist us in recommending the best options for your eyes and your personal lifestyle vision.

- Do you wear glasses now? \_\_\_ No If Yes: \_\_\_ All the time \_\_\_ Sometimes  
 \_\_\_ Only for distance \_\_\_ Only for reading \_\_\_ Only for computer
- How important is it for you to read or use computer without glasses?  
 \_\_\_ Not Important \_\_\_ Important \_\_\_ Very Important
- How many hours per day do you: Read? \_\_\_\_\_ Use Computer? \_\_\_\_\_
- Where do you hold book when reading? \_\_\_ Close to Face \_\_\_ Chest Level \_\_\_ In Your Lap
- Percentage of reading in bright light (outdoors) \_\_\_\_\_% vs low light settings (menu, bedtime) \_\_\_\_\_%
- How do you feel about wearing glasses? \_\_\_\_\_
- If it were possible to go without glasses for most of the time, would you like that? \_\_\_ No \_\_\_ Yes
- Do you drive at night? \_\_\_ No If Yes: \_\_\_ Occasionally \_\_\_ Nightly \_\_\_ As profession (truck, cab)

**Check the following activities you do on a regular basis:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Read Newspaper, books | <input type="checkbox"/> Read medicine bottles | <input type="checkbox"/> Needlepoint                  | <input type="checkbox"/> Wall Street Journal |
| <input type="checkbox"/> Drive – daytime       | <input type="checkbox"/> Drive – nighttime     | <input type="checkbox"/> Shop                         | <input type="checkbox"/> Cook                |
| <input type="checkbox"/> Tennis                | <input type="checkbox"/> Hunt or Fish          | <input type="checkbox"/> Paint / Artist               | <input type="checkbox"/> Paperwork / Writing |
| <input type="checkbox"/> Musician              | <input type="checkbox"/> Play Cards / Dominos  | <input type="checkbox"/> Bicycle, Roller blades, etc. | <input type="checkbox"/> Dine in Restaurant  |
| <input type="checkbox"/> Computer              | <input type="checkbox"/> Spectator Sports      | <input type="checkbox"/> Cell Phone                   |  |
| <input type="checkbox"/> Photography           | <input type="checkbox"/> Golf                  | <input type="checkbox"/> Movie theater                |  |

**Underline the above activities that you would like to do *without glasses if possible***

What occupational, recreational, or other activities do you currently engage in that are not listed above?

Please place an "X" on the following scale to describe your personality as best you can:

**Easy Going**

**Perfectionist**

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