

Lifestyle Questionnaire

We're interested in you! Since we strive to meet all of your vision needs, please take the time to fill out this short questionnaire.

Do you....? (Please Circle your answer)

YES NO	Work on a computer? If yes, how many hours?_____
YES NO	Think you might benefit from thinner, lighter lenses?
YES NO	Spend time outdoors? How much?_____Hrs / Week
YES NO	Have prescription sunwear?
YES NO	Have more than 1 pair of current prescription eyewear?
YES NO	Prefer not to wear your glasses at times?
YES NO	Have an interest in trying the latest contact lens designs?
YES NO	Want information on Laser Vision Corrections surgery?
YES NO	Do you suffer from night time glare? Halos?
YES NO	Have children? What are their ages? _____
YES NO	Have a family member or friend in need of eye care? We love referrals!
YES NO	Do you play any sports? Which sports?_____
	What do you do for fun?!_____