

This questionnaire is designed to assist you and our staff in helping select the best lenses, frames and/or contact lenses to suit your visual needs and lifestyle. Take a few moments to answer the following questions or work with our staff to answer them together.

1. Which of the following visual demands do you encounter on a regular basis?(circle all that apply)

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|---------------------|------------------|-----------------------|
| Artificial lighting | Computer Work | Potential eye hazards |
| Board work | Natural lighting | Reading |
| Close-up work | Paperwork | Other: |

2. Which of the following hobbies or activities do you participate in?(circle all that apply)

- | | | |
|----------------------|-----------------------|--------------------|
| Auto Repair | Fishing | Reading |
| Biking | Golf | Sewing/arts/crafts |
| Boating/water sports | Home repairs | Snow sports |
| Bookkeeping | Hunting/shooting | Spectator sports |
| Bowling | Jogging/running | Tennis |
| Competitive sports | Landscaping/gardening | Watching TV |
| Computer | Musical Instrument | Welding |
| Drawing | Painting | Woodwork |
| Driving | Pilot | Other: |
| Exercise | Racquetball | |

3. Do your eyes seem bothered by glare from any of the following situations?

- | | | |
|--------------------|---------------|----------------|
| Car headlights | Haze | Traffic lights |
| Computer monitor | Night driving | Other: |
| Fluorescent lights | Sunshine | |

4. If you wear contacts, do you have: (circle all that apply)

- Current pair of prescription glasses
- Sunglasses (purchased at a boutique, department/optical store)
- Other:

5. Do you have any metal or silicon allergies?

- | | |
|-----|----|
| Yes | No |
|-----|----|

6. What do you like about your current glasses or contacts (color, style, fit, etc...)?

7. What don't you like about your current glasses or contacts (weight, thickness, glare, etc.)?
