

## Vision Life Style Information

How you use your eyes during daily activities is important for us to fully understand and care for your vision and eye care needs. Please circle or underline all that apply.

Do you currently wear:

No vision correction?      Rx Sunglasses?

Eyeglasses?      Sports Eyewear?

Contact Lenses?

If you wear eyeglasses, do you wear them for:

Distance Vision Only?

Near Vision Only?

Intermediate Vision Only?

If you wear eyeglasses, are they

Single Vision Lenses?

Progressive Lenses("no-line bifocals")

Lined Lenses("with the lines" bi/trifocals)?

Do you need updated backup eyewear in case of emergency? Yes      No

Do you plan to upgrade your eyeglasses today?

Yes      No

If you plan to change today, is it due to:

Worn out frames or lenses? A vision change?

A desire for a style change? A need for backups?

Eligible for a new pair due to an insurance plan?

If you wear eyeglasses, would you benefit from thinner and lighter lenses?      Yes      No

Are you light sensitive outdoors?      Yes      No

If you wear bifocals or trifocals with lines, are you bothered by:

Having to tilt your head up or down?      Yes      No

Loss of midrange vision?      Yes      No

Glare or jumping images from the line?      Yes      No

Do you have any interest in any of the following?

Laser Vision Correction?      Yes      No

Contact Lenses?      Yes      No

If you drive, does glare bother you?      Yes      No

If so, when? Day time?      Night time?

Do you normally wear sunglasses?      Yes      No

If yes, are they:

A separate prescription pair?      Non-Prescription?

Transitions "changeable" lenses?      Clip-Ons?

How do you use your eyes at home or work?

Computer use?      Reading for pleasure?

Television?      Special Near Work?(sewing, etc.)

Paperwork?      Other?

Please list your hobbies:

Please list any sports in which you participate:

What type of work is involved in your job:

If you have any special visual needs, please list:

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_