

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 ____ Yes
 If Yes ____ All the time ____ Sometimes
 ____ Only for distance ____ Only for reading ____ Only for computer
- How important is it for you to see to read or use computer without glasses?
 Very important ____ Important ____ Somewhat important ____ Not important ____
- If it were possible to go without glasses for most of the time, would you like that?
 Yes ____ No ____
- How many hours per day do you: read? _____ use computer? _____
- Do you drive at night? Socially _____ Occasionally _____ As profession _____

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"/> Golf |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Hunt or Fish | <input type="checkbox"/> Paint / Artist | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Play Cards / Dominos | <input type="checkbox"/> Bicycling, Roller blades, etc | |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Spectator Sports | <input type="checkbox"/> Movie theatre | <input type="checkbox"/> Dine in Restaurant |

Underline the above activities that you would like to see *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