

Lifestyle Questionnaire

McPherson Optometry, P.C.

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. Please take a few moments to answer the following questions or work with our staff to answer them together

Patient Name: _____ Date / / _____

Occupation: _____ Place of Work _____

Do you spend most of your time indoors or outdoors? _____

Circle the following visual demands that you encounter on a regular basis:

Board work	Computer work	Reading	Close-up work
Natural lighting	Artificial lighting	Potential eye hazards	

Circle the following hobbies or activities that you participate in:

Auto repair	Landscape/gardening
Biking	Musical instrument
Boating/water sports	Phone/Ipod/Texting
Bowling	Pilot
Competitive sports-type? _____	Racquetball
Cooking	Sewing/arts/crafts
Drawing/painting	Snow sports
Driving	Spectator sports
Exercise/running	Tennis
Fishing	Watching TV
Golf	Welding
Hunting/shooting	Woodwork
Home repairs	Other? _____

Do your eyes seem bothered by glare from any of these situations?

Headlights	Night driving	Haze	Traffic lights
Computer monitor	Fluorescent lights	Sunshine	

How much time do you spend each day at a computer? _____

Are you experiencing any of the following symptoms while at your computer? Please circle.

Headaches	Sore or tired eyes	Blurred near vision
Glare or light sensitivity	Dry or watery eyes	Blurred distance vision
Burning, itching or red eyes	Double vision	
Focusing problems, distance to near and back		

Do you wear glasses while working at the computer? _____

Do you wear contact lenses? For social use? Work? _____

Do you have a back-up pair of prescription glasses? _____

Do you have nonprescription sunglasses? _____

What do you like about your current glasses or contact lenses (color, style, fit, etc...)? _____

What do you not like about them (weight, thickness, glare, etc...)? _____
