

Ocotillo Eyecare

Lifestyle Questionnaire

In order to better meet your particular vision needs, the doctor would like to know in which activities you participate. Please check all the activities that apply to you:

_____ Computer

_____ Sewing / Arts / Crafts

_____ Reading

_____ Fishing

_____ TV / Movies

_____ Skiing / Snowboarding

_____ Driving

_____ Boating / Water sports

_____ Walking / Running

_____ Swimming / Scuba

_____ Golf

_____ Camping / Hiking

_____ Tennis

_____ Hunting / Shooting

_____ Baseball / Softball

_____ Playing Cards

_____ Basketball / Football / Soccer

_____ Woodwork / Carpentry

_____ Bowling

_____ Playing Musical Instr.

Other activities: _____

Occupation:

At work do you read small print? Y / N

Do you perform fine or up-close work? Y / N (*fine*) (*up-close*)

Is safety protection a concern? Y / N

Are you outdoors? Y / N (*all the time*) (*part of the time*)

How much time do you spend on a computer daily?
(*None*) (*1-2 hours*) (*3-6 hours*) (*more*)

Current Status:

Do you have prescription sunglasses? Y / N Are they polarized? Y / N

Is safety protection a concern during sports? Y / N

Are you bothered by glare from any of the following situation?
(*Please check all that apply*)

_____ Car lights

_____ Night driving

_____ Computer monitor

_____ Sunshine

_____ Florescent lights

_____ Haze