MOORE EYE CLINIC

Lifestyle Questionnaire

In order to help us make the best recommendations for your eyewear needs, please take a few minutes to fill out this brief questionnaire.

Patient Name: _____Date:_____

Which of the following hobbies or activities do you participate in? Check all that apply.

- ☐ Golfing
- ☐ Boating/Fishing
- ☐ Hunting
- ☐ Reading
- ☐ Sewing/Arts/Crafts
- ☐ Outdoor Sports
- ☐ Computer
- ☐ Other:_____

Do your eyes seem bothered by glare from any of the following situations? Check all that apply.

- ☐ Computer Monitor
- ☐ Digital Devices (Smart phone/Tablet)
- ☐ Night Driving
- ☐ Sun

- Do you have a backup pair of glasses? Yes No
- If you wear glasses, are they for: Distance Near Vision Both
- Do you have prescription sunglasses? Yes No
- Are you interested in or have you ever worn glasses that darken in the sun? Yes No
- Are your lenses scratched or damaged from regular use? Yes No
- Are you wanting to get a new pair of glasses today or a second pair? Yes No
- How much time do you spend at a computer each day?
  0-3 Hours 3-5 Hours 5+ Hours
- What improvements would you want in your new eyewear?
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