



Patient Lifestyle Questionnaire

Name: _____ Date: _____

I spend most of my time...

Indoors Outdoors Occupation: _____

What type of outdoor activities do you participate in? (Check all that apply)

- Golfing Biking Hiking Other
- Boating Skiing Jogging/Walking
- Gardening Fishing Trap Shooting/Hunting

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

- 0-1 hour 3-5 hours
- 1-3 hours 5+ hours

Do you do much driving at night (> 1/2 hour)? Yes No

Do you have glare while driving at night or on your computer screen? Yes No

Do you currently have prescription sunglasses? Yes No

Do you have a backup pair of glasses? Yes No

Are you interested in contact lenses for any reason, activities or occasional wear? Yes No

Would you like information about LASIK surgery? Yes No

	SPHERE	CYLINDER	AXIS	PRISM	ADD
OD					
OS					

PRESCRIBED FOR: Everyday Dress Computer Sun Safety Other

DOCTOR RECOMMENDATIONS

LENS MATERIAL	LENS DESIGN	NO-GLARE	LENS COLOR	SPECIAL
<input type="checkbox"/> High Index 1.74 1.67 1.60 <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Trivex <input type="checkbox"/> Mid-Index <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> _____	<input type="checkbox"/> Progressive <input type="checkbox"/> Essilor Enhanced <input type="checkbox"/> iCentauri (Central) Circle: G R I D <input type="checkbox"/> Aspheric <input type="checkbox"/> Single Vision <input type="checkbox"/> Small <input type="checkbox"/> Environment/Office <input type="checkbox"/> Bifocal <input type="checkbox"/> Glass <input type="checkbox"/> _____	<input type="checkbox"/> Crizal Avance with Scotchguard <input type="checkbox"/> Crizal Alize <input type="checkbox"/> Standard AR <input type="checkbox"/> Sun AR <input type="checkbox"/> Crizal Saphire <input type="checkbox"/> Crizal Easy <input type="checkbox"/> _____	<input type="checkbox"/> Tint <input type="checkbox"/> Gradient <input type="checkbox"/> Polarized <input type="checkbox"/> Transitions Lenses <input type="checkbox"/> Other Photochromic <input type="checkbox"/> Mirror Coat <input type="checkbox"/> Plano Sun Wear <input type="checkbox"/> _____	<input type="checkbox"/> Scratch Coat <input type="checkbox"/> UV <input type="checkbox"/> Protection <input type="checkbox"/> Roll & Polish <input type="checkbox"/> Polish Edge <input type="checkbox"/> _____

WARNING: Ultraviolet light may cause cataracts and retinal degeneration.

Thank you for trusting us with your eye health and solving your visual needs!