

# Patient Vision Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*We recognize that your vision is 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 our doctors and opticians in recommending the best options for your eyes and your personal lifestyle vision.*

Do you wear glasses now?  Yes  No

If yes:  All the time  Sometimes  Only for distance  
 Only for reading  Only for computer

How old are your current glasses? \_\_\_\_\_ years old

What do you like about your current glasses? \_\_\_\_\_  
Dislike? \_\_\_\_\_

Do you wear prescription sunglasses?  Yes  No

Non-prescription sunglasses?  Yes  No

Do you wear contacts?  Yes  No

*If no, are you interested in contacts?*  Yes  No

What is your occupation? \_\_\_\_\_

Do you use a computer, tablet or smartphone?  Yes  No

If yes, how many hours average per day? \_\_\_\_\_

How far away is your computer screen from your eyes?

\_\_\_\_\_ *average is 18-30"*

What recreational hobbies and interests do you enjoy?

(Check all that apply)

- |                                   |                                      |                                    |                                   |
|-----------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Golf     | <input type="checkbox"/> Running     | <input type="checkbox"/> Tennis    | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Boating  | <input type="checkbox"/> Fishing     | <input type="checkbox"/> Football  | <input type="checkbox"/> Skiing   |
| <input type="checkbox"/> Reading  | <input type="checkbox"/> Knitting    | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sewing   |
| <input type="checkbox"/> Watch TV | <input type="checkbox"/> Video Games | <input type="checkbox"/> Painting  | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other:   | _____                                |                                    |                                   |