



Lifestyle Vision Form

PATIENT NAME: _____

DATE: _____

What type of work do you do?

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> Work in Office | <input type="radio"/> Teacher | <input type="radio"/> Skilled Trade |
| <input type="radio"/> Work Outdoors | <input type="radio"/> Retail | <input type="radio"/> Restaurant |
| <input type="radio"/> Athletic | <input type="radio"/> Doctor / Dentist / Etc. | <input type="radio"/> Stay at Home Parent |
| <input type="radio"/> Other _____ | | |

Do you experience any vision issues during a typical day? (Select all that apply)

- | | | |
|-----------------------------------|--|--|
| <input type="radio"/> Eye Strain | <input type="radio"/> Neck / Shoulder Soreness | <input type="radio"/> Tired Eyes / Fatigue |
| <input type="radio"/> Headaches | <input type="radio"/> Daytime Glare | <input type="radio"/> Nighttime Glare |
| <input type="radio"/> Other _____ | | |

What hobbies / activities do you enjoy outside of work? (Select all that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Indoor Sports | <input type="radio"/> Arts / Crafts / Collecting | <input type="radio"/> Playing / Reading Music |
| <input type="radio"/> Reading | <input type="radio"/> Watching TV / Gaming | <input type="radio"/> Home Improvement |
| <input type="radio"/> Outdoor Sports / Activities | <input type="radio"/> Cooking | |
| <input type="radio"/> Other _____ | | |

Do you wear sunglasses or eyeglasses during these activities? (Select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Sunglasses | <input type="radio"/> Reading Glasses | <input type="radio"/> Computer Glasses |
| <input type="radio"/> Everyday Glasses | <input type="radio"/> Driving Glasses | <input type="radio"/> Sports Eyewear |
| <input type="radio"/> Safety Eyewear | <input type="radio"/> No-Line Bifocals | |
| <input type="radio"/> Other _____ | | |

How many hours per day do you spend on computers, hand-held devices or watching TV?

- | | | |
|---|---|--|
| <input type="radio"/> High Usage
(More than 8 hours) | <input type="radio"/> Medium Usage
(4-8 hours) | <input type="radio"/> Low Usage
(Less than 4 hours) |
|---|---|--|