

## Brass Eye Center Lifestyle Questionnaire

Our goal in this medical practice is to provide our patients with quality eye care, meeting your vision and lifestyle needs. Over the years there have been major advances in vision correction procedures as well as frame and lens technologies. These advances give us the opportunity to better assist patients in making the best decisions to meet their vision needs. This may include advising you if you are a potential candidate for vision correction surgery, as well as prescribing eyeglasses or contact lenses to best fit your activity level and lifestyle.

This questionnaire will help us ensure that the eye care and recommendations you receive will enable you to successfully perform all of your daily activities; whether it is for work or play. This information will help us to better assist you in making the choices most beneficial to your personal lifestyle and desire.

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

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

What recreational hobbies or activities do you enjoy? Check all that apply.

Golf             Running         Racquetball       Football  
 Tennis           Skiing           Baseball/Softball     Boating  
 Water Sports     Fishing         Basketball         Martial Arts

Other: \_\_\_\_\_

What interests or hobbies do you enjoy? Check all that apply.

Reading         Gardening       Knitting         Crafts  
 Watching TV     Cooking         Video Games     Painting/Drawing  
 Internet         Sewing         Woodworking     Cards/Board Games

Other: \_\_\_\_\_

What job requirements do you have? Check all that apply.

Computer Work             Work Outdoors             Fine Detail Work  
 Considerable Reading     Safety Eyewear required     Work with Children  
 Driving                     Work under Fluorescent Lighting   

Other: \_\_\_\_\_

Are you experiencing any of the following?

Glare / Halo's around lights     Inconsistent Vision     Blurred Vision     Double Vision

Do you spend more than two hours a day on the computer?             Yes     No

Do you have difficulty driving at night?                                     Yes     No

Are you sensitive to sunlight or fluorescent lighting?                     Yes     No

Do you regularly wear sunglasses when you are outdoors?                 Yes     No

Do you currently wear eyeglasses or contact lenses?                         Yes     No

If you wear eyeglasses, what is most important to you when picking out new lenses and frames?

Are your current lenses scratched or eyeglass frame in poor condition?             Yes     No

Do you have prism in your current eyeglass prescription?                         Yes     Not Sure

Are you interested in learning more about decreasing your dependence on eyeglasses or contact lenses?     Yes     No

Please give the completed form to the technician. Thank you.