Patient Lifestyle Questionnaire

Shamir

PRIMARY

❍ I am under 18 years of age. ❍ I am over 18 years of age.

On average, how many hours per day do you wear your glasses?

_____

Is safety ever a concern?

❍Yes ❍No

I would like lenses that appear more youthful.

❍Yes ❍No

I am sensitive to light.

❍Yes ❍No

I drive _____ hours a day. / I drive _____ hours at night.

I see halos around lights while driving.

❍Yes ❍No

I would prefer people see me rather than my glasses.

❍Yes ❍No

How many eyeglasses do you currently own?

❍1 ❍2 ❍3 ❍4 ❍5 ❍other

What functions do you perform with your pairs of glasses?

_____

I am interested in a lighter weight lens and/or frame.

❍Yes ❍No

I am in and out of buildings all day.

❍Yes ❍No

I have a usable back up pair of glasses.

❍Yes ❍No

I read _____ hours per day.

Low light situations make using glasses even more difficult.

❍Yes ❍No

I experience the following often: (Rate severity from 1 - 10)

SYMPTOMS	1	2	3	4	5	6	7	8	9	10
Eyestrain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Headaches	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Blurred Vision	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Burning/Itchy Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Red Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

SYMPTOMS	1	2	3	4	5	6	7	8	9	10
Neck Pain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Back Pain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Sore or Tired Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Color Distortion	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Difficulty Focusing	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

WORK

List Occupation: _____

I work with power tools.

❍Yes ❍No

At work, I look mainly at arms length.

❍Yes ❍No

Safety is a concern at work.

❍Yes ❍No

If I could improve my current glasses while working they would provide:

_____

Describe the size of your typical working environment (cubicle, classroom size, auditorium, outdoors, etc...):

_____

I spend _____ hours a day on a computer.

At work, I look mainly in the distance.

❍Yes ❍No

At work, I look mainly up close.

❍Yes ❍No (Other) describe _____

I experience the following while working: (Rate severity from 1 - 10)

SYMPTOMS	1	2	3	4	5	6	7	8	9	10
Eyestrain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Headaches	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Blurred Vision	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Burning/Itchy Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Red Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

SYMPTOMS	1	2	3	4	5	6	7	8	9	10
Neck Pain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Back Pain	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Sore or Tired Eyes	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Color Distortion	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Difficulty Focusing	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

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SPORT

Please list any Sport(s)/Extreme Sport(s) you actively participate in:

What is the most problematic visual task while performing your Sports activity?

What would you improve in your current pair of glasses that would give you a better optical solution while enjoying your Sports activities?

I spend _____ hours a week enjoying sport activities.

HOBBIES

List any of the Hobbies you actively participate in: (Musical instrument, gardening, reading, crosswords, writing, glassblowing, carving, sewing, boating, television, family time, or anything you spend your spare time enjoying.)

Describe the most problematic visual task while performing your Hobbies:

What would you improve on in your current pair of glasses that would give you a better optical solution while enjoying your Hobbies:

I spend _____ hours a week enjoying my Hobbies.

FASHION

Being fashionable is important to me.

❍Yes ❍No

I occasionally like to wear a different pair of glasses to suit my style.

❍Yes ❍No

I'd like to match my glasses to my outfit(s).

❍Yes ❍No

I'd like to match my glasses to the activity at hand.

❍Yes ❍No

I would like to wear a different pair of glasses during the day than during the evening.

❍Yes ❍No

I am interested in Brand Names.

❍Yes ❍No

I believe formal and informal situations call for different pairs of eyewear.

❍Yes ❍No