

PATIENT LIFESTYLE QUESTIONNAIRE

Provided by your
VSP Network Doctor

EYEWEAR

- 1) Do your glasses sometimes irritate your face? Yes No
- 2) If you could, would you prefer not to wear glasses? Yes No
- 3) Are you satisfied with the way your glasses look and feel? Yes No
- 4) Are you satisfied with the vision and comfort your glasses provide? Yes No
- 5) If your glasses were lost or destroyed, could you function well at work, at home and with hobbies? Yes No
- 6) Do you wear sunglasses? Yes No
- 7) If you wear bifocals, are you bothered by the lines or do you sometimes tilt your head to see? Yes No

CONTACT LENSES

- 1) How often do you wear your contact lenses? _____
- 2) What cleaning solutions do you use? _____
- 3) Do you experience dry or itchy eyes or dry contacts? Yes No
- 4) Are you interested in contacts that change the color of your eyes? Yes No
- 5) Are you interested in the latest contact lens designs? Yes No

OCCUPATION

What is your occupation? _____

Do you:

- Work at a computer? Yes No
- Work outdoors? Yes No
- Work in a hazardous environment, such as manufacturing? Yes No

LIFESTYLE

What hobbies do you enjoy? (e.g. reading, gardening, woodworking, sewing) _____

What sports activities do you enjoy? (e.g. water sports, snow sports, fishing, hunting, walking/running) _____

How many hours a day do you spend driving? _____

Do you:

- Spend time in areas with low lighting? Yes No
- Drive frequently at dawn, dusk or night? Yes No
- Drive frequently with the sun in your eyes? Yes No

FAMILY

Do you have children? Yes No

If any family members wear eyewear, please indicate so below.

Family member's relationship	Wear eyewear	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS

Anything else you'd like to share with us? _____
