

## Lifestyle Questionnaire - help us meet all your vision needs

What type of work do you do? \_\_\_\_\_

Are your eyes bothered by any of the following:

Car headlights \_\_\_\_\_ Haze \_\_\_\_\_ Traffic lights \_\_\_\_\_  
Night driving \_\_\_\_\_ Sunlight \_\_\_\_\_ Computers \_\_\_\_\_

Do you wear glasses? Full time \_\_\_\_\_ Part time \_\_\_\_\_

Do you wear sunglasses? YES NO

Do you have any hobbies? \_\_\_\_\_  
(*biking, boating, scuba, sewing, etc.*)

Are you interested in the following:

Glasses or sunglasses \_\_\_\_\_ Contacts \_\_\_\_\_