

Experience the best vision possible.



Thank you for taking a moment to answer a few questions; this will help us to better understand your vision needs for your upcoming eye exam.

| | | |
|-------|-------------|------------|
| Date: | First Name: | Last Name: |
|-------|-------------|------------|

In what type of environment do you typically spend your day? (Please check all that apply.)

| | | | |
|---------------------------------|---|---|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Travel (driving/flying/both) | <input type="checkbox"/> Work from home | <input type="checkbox"/> Outdoors most of the time |
|---------------------------------|---|---|--|

How much time do you spend each day:

| | | | | |
|-------------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| At a computer? | <input type="checkbox"/> 0-1 Hour | <input type="checkbox"/> 1-3 Hours | <input type="checkbox"/> 3-5 Hours | <input type="checkbox"/> 5+ Hours |
| On a handheld smartphone or tablet? | <input type="checkbox"/> 0-1 Hour | <input type="checkbox"/> 1-3 Hours | <input type="checkbox"/> 3-5 Hours | <input type="checkbox"/> 5+ Hours |
| Nighttime driving? | <input type="checkbox"/> 0-1 Hour | <input type="checkbox"/> 1-3 Hours | <input type="checkbox"/> 3-5 Hours | |

In which type of leisure activities do you participate?

Outdoor Activities (Please list)

Indoor Activities (Please list)

Do you currently use sunwear to protect your eyes from UV when outdoors?

| | | |
|-------------------|------------------------------|-----------------------------|
| Please check one: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|------------------------------|-----------------------------|

If you wear vision correction:

What do you like about your current pair of glasses or contact lenses?

What, if anything, would you change about your current pair of glasses or contact lenses?

Please explain any other challenges you're having with your vision:

Doctor Recommendations (Office Use):