

MONTEREY BAY
EYE CENTER

Better Vision ... Better Life: A Lifestyle Questionnaire

Name _____ Date _____ Chart # _____

HELP US HELP YOU. In order for our doctors to assist you in making the best possible decisions about your vision and general eye health, please take moment to complete this brief questionnaire, which is designed to indicate what eye health options might be right for you. *Thank you.*

1. **Do you mind wearing glasses?** Yes _____ No _____
2. **Do you want to know what we offer to reduce your need for glasses?** Yes _____ No _____
3. **Do you own or wear more than one pair of glasses?** Yes _____ No _____

If "Yes", what do you use them for? _____

4. **Do you wear contact lenses?** Yes _____ No _____
If "Yes", how many hours a day do you wear them? 6-12 hours _____ 12-24 hours _____

5. **What is (was) your occupation?** _____

6. **Do you participate in any sports or outside activities?** Yes _____ No _____

Golf _____ Swimming _____ Gardening _____
Walking _____ Tennis _____ Running/Hiking _____
Fishing/Boating _____ Other _____

7. **What are your hobbies?**

Reading _____ Reading Music _____ Sewing/Knitting/Embroidery _____
Cards _____ Gardening _____ Woodworking _____
Dancing _____ Model Building _____ Crossword Puzzles _____
Bingo _____ Other _____

8. **Do you use a computer?** Yes _____ No _____

If "Yes", where? Work _____ Home _____

How many hours a day are you on the computer? 1-3 hours _____ 4+ hours _____

9. **Do you frequently drive at night?** Yes _____ No _____

If "Yes", do you notice halos or rings around lights? Yes _____ No _____

10. **How would YOUR FRIENDS describe your personality?**

Easy Going 1 ... 2 ... 3 ... 4 ... 5 Perfectionist

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