

Lifestyle Questionnaire

We're interested in you! Since we strive to meet all of your vision needs, please take the time to fill out this short questionnaire.

Do you.....? (Please check the box if the answer is yes)

Work on a computer? If yes, how many hours?_____

Think you might benefit from thinner, lighter lenses?

Spend time outdoors? How much?_____Hrs / Week

Have prescription sunwear?

Have more than 1 pair of current Rx eyewear?

Prefer not to wear your glasses at times?

Have an interest in trying the latest contact lens designs?

Want information on Laser Vision Corrections surgery?

Have an interest in a non-surgical approach to vision correction?

Have children?

Have a family member or friend in need of eyecare?