

Yeh and Yu Optometry

Lifestyle Questionnaire

Name: _____ Date: _____

Occupation: _____

This questionnaire is designed to assist your eyecare professional in helping you select the perfect lenses, frames and/or contacts to suit your visual needs and lifestyle. Please take a few moments to answer the following questions.

Which of the following visual demands do you encounter on a regular basis? (Check all that apply)

- Artificial lighting
- Computer work - How many hours? _____
- Paper work/Near work
- Potential eye hazards
- Other:

Do you have any hobbies (sports, crafts, fishing)?

Do your eyes seem bothered by glare from any of the following situations:

- Car headlights
- Computer monitor
- Fluorescent lights
- Night driving
- Sunny days
- Other:

If you wear contacts, do you have: (Check all that apply)

- Current pair of prescription glasses
- Sunglasses

Do you have any metal or silicon allergies?

- Yes
- No

What do you like about your current glasses or contacts (color, style, fit, etc)?

What don't you like about your current glasses or contacts (weight, thickness, glare, etc)?

Do you have a Flex Spending Account (FSA) Yes No