

SHREVEPORT EYE CLINIC

Visual Lifestyle Questionnaire

Our mission at Shreveport Eye Clinic is to provide you with the highest quality, personalized eyecare available. In order to do so we need to learn about your individual needs and preferences. The more we can learn about how, where and when you use your eyes, the easier it will be for us to provide you with the best possible eyewear recommendations. The following questions are intended to help us help you.

Physicians and Staff of Shreveport Eye Clinic

Are you currently: (Please check all that apply)

Retired? _____
Homemaker? _____
Between jobs? _____

Employed _____
Student? _____

If you are employed, what is your occupation?

Please tell us how you use your eyes in the pursuit of your lifestyle.

During an average day, how many hours do you spend reading or doing close work? _____ Hours

How far is the reading or close work material from you? (Check all that apply)

- 12-14 inches (holding a book or sheet of paper)
- 24 inches (arms length)
- further than 24 inches but less than 20 feet.

How wide is the reading material or close work? (Check all that apply)

- standard page (8 1/2 X 11)
- newspaper width
- blueprint width

How would you describe the lighting at your personal work area?

- low
- adequate
- bright
- contrast
- glare

How many hours during an average day do you use a computer?

At Work _____ hours At Home _____ hours

Are you required to wear safety glasses at work?

Yes	No
-----	----

Do you have a home workshop or use power gardening equipment?

Yes	No
-----	----

Are you bothered by the glare of the sun during the day or at sunrise/sunset?

Yes	No
-----	----

Are you aware of halos around or glare from oncoming headlights or streetlights at night?

Yes	No
-----	----

Are having problems reading or with fine print such as newspaper?

Yes	No
-----	----

What activities or hobbies do you engage in?
(Check all that apply)

Do Some

Do a Lot

-----	-----	reading/playing cards/needlecrafts
-----	-----	painting/playing a musical instrument
-----	-----	yard work/gardening/home workshop
-----	-----	golf/shooting/hunting
-----	-----	walking/running/biking
-----	-----	swimming/scuba/snorkeling/beach activities
-----	-----	boating/fishing/skiing
-----	-----	contact sports: basketball, hockey, soccer, football, etc.
-----	-----	non-contact sports: tennis, racquetball, baseball, etc.
-----	-----	other, please specify _____

Does your work or after work activities cause you to go from indoors to outdoors frequently?

Have you ever felt your eyeglass lenses were:

Yes

No

Too Thick? _____
Too heavy? _____

Made your eyes look larger? _____
Made your eyes look smaller? _____

What one aspect of your visual lifestyle do you wish your new eyeglasses could improve?

Have you ever wished you could see clearly without eyeglasses? Or contact lenses?

Yes

No

SIGNATURE _____

*Thank you for completing this survey
and allowing us to serve you better.*

(Please do not write beyond this point)

Technician's Notes to the Doctor:

- Needs new frame and/or lenses too thick or heavy
- 2nd Pair Hobby/Sports/Activities
- 2nd Pair Sunglasses
- Occupational Readers
- Misc:

Patient's name _____

Screener: _____

Date _____