

Name _____

Date _____



Hollywood Vision Center
Elise Brisco, OD, CCH
Optometry and Homeopathy, Inc.



Lifestyle Questionnaire

It's important to customize your eye glasses for your lifestyle. Help us understand your unique visual needs by answering the following:

Workplace:

What is your occupation? _____

How many hours a day do you use a digital device? (Cell phone, computer, etc.): _____

Do you drive?

If YES, any visual difficulties? _____

Recreation:

Sports:

Basketball

Racquetball

Biking

Golf

Football

Running

Tennis

Soccer

Baseball/Softball

Soccer

Swimming

Volleyball

Other: _____

Outdoor Leisure:

Fishing

Golf

Hiking

Skiing

Motorcycle

Walking

Gardening

Yardwork

Birdwatching

Travel

Other: _____

Indoor Leisure:

Crafting

TV

Video

Music

Reading

Video Gaming

Name _____

Date _____

Card Playing

Puzzles

Woodworking

Painting

Shopping

Other: _____

Contact Lenses:

Currently wearing contacts?

If YES, any issues with contact lenses? _____

If NO, are you interested in contacts?

Eyeglasses:

Do you have more than one pair of current Rx eyewear?

If YES, which ones?:

Computer

Sun wear

Sports/Hobby

Everyday Luxury

Other: _____

What is important to you?:

___ Comfort

___ Updating Your Look

___ Thin, light Lenses

___ Newest Lens Technology

___ Melanoma Prevention

___ Style/Accessorize

___ Blue Light Protection

___ Backup Pair

___ Glare Reduction

___ Sunglasses/sun protection