OPTX
rhode island

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# vision questionnaire

*It is important to make sure our team has a complete understanding of your visual needs. This questionnaire will help us recommend optical options best suited to your unique lifestyle and preferences.*

Name: ______________________ Date: ______________

Occupation: ______________________ Age: ______________

**1. Please check all of the listed activities you participate in:**

- ❒ arts and crafts
- ❒ baseball/softball
- ❒ biking
- ❒ boating
- ❒ bowling
- ❒ cell phone (frequent)
- ❒ computer/internet
- ❒ cooking
- ❒ fishing
- ❒ football
- ❒ gardening
- ❒ golfing
- ❒ home repairs
- ❒ jogging/running
- ❒ knitting/crocheting
- ❒ musical instrument type: ______________
- ❒ painting/drawing
- ❒ racquetball
- ❒ reading
- ❒ sewing
- ❒ snow sports
- ❒ soccer
- ❒ tennis
- ❒ texting
- ❒ tablet use
- ❒ video games
- ❒ water sports
- ❒ woodworking
- ❒ other ______________

______________________

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**2. Which of the following visual demands do you encounter on a regular basis? *(check all that apply)***

- ❒ close-up work
- ❒ computer work
- ❒ night driving
- ❒ safety eyewear required
- ❒ tasks with artificial lighting
- ❒ tasks with natural lighting
- ❒ work outdoors
- ❒ other ______________

**3. Are you an avid reader?** ❒ yes ❒ no

If yes, do you own a dedicated pair of reading glasses? ❒ yes ❒ no

**4. Are you experiencing any difficulties with your eyeglasses and/or contact lenses such as the following:**

- ❒ constant adjustment
- ❒ difficulty with peripheral vision
- ❒ fluctuating vision
- ❒ glare
- ❒ other: ______________________________

**5. Are you experiencing glare from any of the following:**

- ❒ computer screen
- ❒ fluorescent lights
- ❒ night driving
- ❒ sunshine
- ❒ water/snow
- ❒ other ______________

**6. If you are a contact lens wearer, do you have:**

- an up-to-date pair or prescription eyeglasses ❒ yes ❒ no
- non-prescription sunglasses ❒ yes ❒ no

**7. Do you have a metal or silicone allergy?** ❒ yes ❒ no

**8. Do you spend a fair amount of time on a computer or handheld device?** ❒ yes ❒ no

**9. Do you consider yourself senstive to light?** ❒ yes ❒ no

**10. Do you regularly protect your eyes outdoors with polarized sunglasses?** ❒ yes ❒ no

**11. What do you like or dislike about your current eyewear?** ______________________________

______________________________

**12. Do you have any additional comments that you feel may be relevant?** ______________________________

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