

CARLINVISION PATIENT INFORMATION/LIFESTYLE QUESTIONNAIRE

Our mission at CarlinVision is to provide our patients the ultimate in “advanced eye care with a home-town touch”. Whether you are interested in glasses, contact lenses, laser or other types of refractive procedures, your success and satisfaction with your vision correction depends, to a large degree, on how well it allows you to perform your daily activities and meet your lifestyle needs.

To help us assist you in selecting your best vision correction options, please fill out this brief questionnaire.

Name: _____ Date Completed: _____

Occupation: _____ Age: _____ Sex: Male Female

1. What recreational hobbies or activities do you enjoy? Check all that apply.
 Golf Running Racquetball Football
 Tennis Snow Skiing Baseball/Softball Boating
 Water Sports Fishing Basketball Other _____
2. What interests and hobbies do you enjoy? Check all that apply.
 Reading Gardening Knitting Crafts
 Watching TV Cooking Video Games Painting
 Internet Sewing Woodworking Other _____
3. What job requirements do you have? Check all that apply.
 Computer Work I Work Outdoors
 Considerable Reading My Job Necessitates Safety Eyewear
 I Work Under Fluorescent Lighting Other _____
4. Are you experiencing any difficulties with your glasses and/or contact lenses with these activities? Check all that apply.
 Glare Inconsistent Vision
 Fogging Other: _____
 Constant Adjustment _____
5. Are your lenses scratched or damaged from regular use? Yes No
6. Do you spend more than two hours a day viewing a computer screen? Yes No
7. Do you consider yourself sensitive to sunlight? Yes No
8. Do you spend more than one hour a day in the sun? Yes No
9. Do you have difficulties driving at night? Yes No
10. Are your current glasses uncomfortable or cause indentations on your nose? Yes No
11. Would thinner lighter lenses appeal to you? Yes No
12. Would you like a frame style change? Yes No