



Lifestyle Questionnaire

We would love to know more about how you use your eyes, so we can better fit your eyewear needs

What is your Occupation? _____

- I am concerned about Macular Degeneration, Glaucoma, Cataracts, or Diabetes
- I am interested in Vitamins or Supplements if evidence suggests they are helpful in reducing vision loss from Macular Degeneration and improving my overall eye health
- My eyes burn, itch/water at times; I have allergies that affect my eyes
- I'm interested in products that will help the itching, burning, and tearing

Glasses

- I wear sunglasses that are UV protectant.
- There are times I find my glasses an inconvenience
- I tried "No-Line" bifocals in the past unsuccessfully, but would be interested in learning more if technology has improved
- I use my glasses for the majority of the day for computer and reading
- I have problems with bright light or glare
 - On coming headlights
 - Computer Screen
 - Sunlight

Computer Usage

- I spend most of my day on the computer; How long? _____
- I am a gamer/ on social media/internet surfing most of the day
- I am on my digital devices 1-2 hours before going to bed
- I am interested in more information on how my devices are affecting my eyes

Contacts

- I wore Contact lenses in the past but discontinued due to Dryness, poor Vision, poor Comfort, expense or other _____
- If Bifocal Contact Lenses are an option, I would be interested in learning more, especially if they could be successful
- I am interested in the most healthy contact lenses for my eyes