



**Collins**  
VISION  
LIFESTYLE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies: \_\_\_\_\_

1. How important would it be for you to be free from glasses for your daily activities?  
 \_\_\_\_\_ Very Important \_\_\_\_\_ Moderately Important \_\_\_\_\_ Not Important

2. Please indicate the amount of time you spend participating in the following activities.

	<u>A lot</u>	<u>Some</u>	<u>Very Little</u>
• Driving during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outdoor activities such as golfing or fishing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Doing fine work such as sewing or carpentry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reading small print such as phonebooks and maps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reading newsprint or books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Watching television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outings, for example, shopping or travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How often are you bothered by glare or halos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are you happy with you current glasses or contacts?      **YES**                      **NO**

4. What do you like **LEAST** about your glasses? \_\_\_\_\_  
 \_\_\_\_\_

5. What do you like **MOST** about your glasses? \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever worn monovision contact lenses?      **YES**                      **NO**

7. Rate the zones in order of importance # 1-3.

<u>Zone A</u>	<u>Zone B</u>	<u>Zone C</u>
Reading	Shaving	Watching TV
Sewing	Emailing	Driving
Applying make-up	Cooking	Watching movies
Working crossword puzzles	Playing Cards	Golfing
Playing Cards	Reading labels on shelf	Boating

8. Place and "X" on the following scale to describe your personality as best you can:

\_\_\_\_\_ **Easygoing** **Perfectionist** \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**