

Easy Going

## LAWRENCE D. WOLIN, M.D.

1602 W. Central Road Arlington Heights, IL 60005 Phone: (847) 255-3515

Perfectionist

## Lifestyle Vision Questionnaire

Name:	Date:	
We recognize that your eyes are very important to you. We would like to know how you		
use your eyes on a daily basis. Along with your eye exam, this info will assist us in		
recommending the best options for your eyes and your personal lifestyle vision.		
Do you wear glasses now? • No	o □ Yes If Yes □ All the	time 🖵 Sometimes
	When □ Only fo	
	,	or reading
	•	or computer
How important is it for you to see to read or use computer without glasses?		
☐ Very important ☐ Important ☐ Somewhat important ☐ Not important		
If it were possible to go without glasses for most of the time, would you like that?		
☐ Yes ☐ No		
How many hours per day do you: Read? Use a Computer?		
Do you drive at night? Socially Occasionally as Profession		
Check the following activities you do on a regular basis:		
☐ Read newspaper / Books	☐ Read medicine bottles	■ Needlepoint
☐ Crossword puzzles	☐ Drive daytime	☐ Drive at nighttime
□ Shop	☐ Golf	☐ Tennis
☐ Fish	☐ Paint / Artist	□ Cook
■ Musician	☐ Play Cards / Dominos	■ Bicycling
■ Photography	☐ Spectator Sports	■ Movie theatre
☐ Dine in Restaurant	■ Bowling	■ Bingo
<u>Underline</u> the above activities that you would like to see <u>without glasses if possible.</u>		
What occupational, recreational, or other activities do you currently engage in that are not listed above?		
Please place an " $\mathbf{X}$ " on the following scale to describe your personality as best you can:		