

PATIENT INFORMATION/LIFESTYLE QUESTIONNAIRE

Our goal at Dr. Romanoff’s practice and Romanoff Optical is to provide our patients with quality eyewear that will meet all of their lifestyle needs. Over the years, there have been major advances in frame and lens technologies. With these advances, we are given the opportunity to better assist our patients in purchasing eyewear that will perform to their expectations yet be comfortable and stylish.

In helping us ensure that the eyewear you receive will enable you to successfully perform all of your daily activities, whether it be for work or play, we request that you fill out this brief questionnaire. This information will allow us to better assist you in making the eyewear choices most beneficial to your lifestyle.

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_
Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male [ ] Female [ ]

1. What recreational hobbies or activities do you enjoy? Check all that apply.

- [ ] Golf [ ] Running [ ] Raquetball [ ] 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 [ ] Football
[ ] Fogging [ ] Boating
[ ] Constant Adjustment [ ] Other \_\_\_\_\_

- 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 light? [ ] 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
13. List “designer” labels you include in your wardrobe.

\_\_\_\_\_
\_\_\_\_\_

14. Which statement(s) best describe yourself?

- [ ] I lead an active lifestyle (exercise and recreation). [ ] I try to keep up with the later fashion trends.
[ ] I enjoy being outdoors as much as possible [ ] I am allergic to nickel products.