MARION
EYE CENTERS

Date: _____/_____/ 20_____

Name: _____ Occupation (job) :_____

This questionnaire is designed to assist your eye care professional in helping you select the perfect lenses, frames, contacts, and/or refractive procedure, to suit your visual needs and lifestyle. Please take a few moments to answer the following questions.

1. Which of the following visual demands do you encounter on a regular basis? *(Check all that apply)*

- ☐ Fluorescent lighting
- ☐ Computer work
- ☐ Potential eye hazards
- ☐ Sun light
- ☐ Reading/close-up work
- ☐ Other_____

2. Which of the following hobbies or activities do you participate in? *(Check all that apply)*

- ☐ Auto repair
- ☐ Biking
- ☐ Boating/Fishing
- ☐ Bookkeeping
- ☐ Competitive Sports
- ☐ Computer
- ☐ Driving
- ☐ Exercise
- ☐ Golf
- ☐ Home repair/Woodworking
- ☐ Hunting
- ☐ Jogging/running
- ☐ Landscape/Gardening
- ☐ Musical Instrument
- ☐ Painting
- ☐ Pilot
- ☐ Racquetball/Tennis
- ☐ Reading
- ☐ Sewing/arts/crafts
- ☐ Snow sports
- ☐ Water sports
- ☐ Welding
- ☐ Other_____

3. Do your eyes seem bothered by glare from any of the following situations?) *(Check all that apply)*

- ☐ Car headlights
- ☐ Haze
- ☐ Sunshine
- ☐ Computer monitor
- ☐ Night driving
- ☐ Fluorescent lights
- ☐ Street lights
- ☐ Other_____

4. If you wear contacts, do you have? *(Check all that apply)*

- ☐ Current pair of prescription Glasses
- ☐ Current pair of prescription sunglasses
- ☐ Non prescription over the counter sunglasses
- ☐ Dry eyes
- ☐ Decreased contact lens wear time

***5.* Do you have any metal or silicone allergies?**

- ☐ Yes
- ☐ No

***6.* What do you like about your current glasses or contacts (color, style, fit, etc…)?**

_____

***7.* What don't you like about your current glasses or contacts (weight, thickness, glare, etc.)**

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Recommendation Grid (to be filled out by optician)

Crizal No-Glare Lenses	**Preferred Lens Materials**
Transitions Lenses	**Varilux Lenses,Eyezen+,Single Vision,No-Lines**