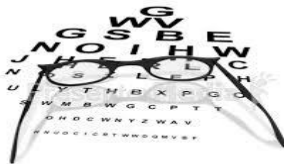


Herkert Family Eye Care, P.C.

Lifestyle Questionnaire



Name: _____ Occupation: _____

How would you like to be contacted in the future? Please enter number or email address.

Text _____

E-mail _____

Home Phone _____

To prescribe lenses that best fit your lifestyle please answer the following:

1.) How many hours a day do you spend on the following?

Computer: _____ Smart Devices (iPhone, iPad): _____ Driving: _____ TV: _____

2.) What do you do for fun? Please check all that apply.

Outdoor:

Fish Golf Hike Water Sports Motorcycle
 Garden Camp Hunt Travel Other _____

Sports:

Swim Bike Football Tennis Baseball Racquetball
 Run/Walk Soccer Basketball Volleyball Other _____

Indoor:

Craft TV Music Paint Play Cards Video Games
 Read Quilt Puzzles Other _____

3.) Do you wear contacts? Yes No If not, are you interested? Yes No

4.) What is important to you? Please check all that apply.

Best Vision Thin Lenses A New Look Fashion Scratch Resistant
 Lens Technology Glare Reduction UV Protection Other: _____

6.) What do you like about your glasses/contacts?

7.) What do you dislike about your glasses/contacts?
