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## Lifestyle Questions

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We're interested in you! Since we strive to meet all of your vision needs, please take time to fill out this short questionnaire.

**Do you.....(please check the box if your answer is yes)**

<input type="checkbox"/>	Work on a computer? If yes, how many hours? _____
<input type="checkbox"/>	Think you might benefit from thinner, lighter lenses?
<input type="checkbox"/>	Spend time outdoors? How much? _____Hrs/week
<input type="checkbox"/>	Have prescription sunwear?
<input type="checkbox"/>	Have more than 1 pair of current Rx eyewear?
<input type="checkbox"/>	Prefer not to wear your glasses at times?
<input type="checkbox"/>	Have an interest in trying the latest contact lens designs?
<input type="checkbox"/>	Want information on Laser Vision Corrections surgery?
<input type="checkbox"/>	Have an interest in a non-surgical approach to vision correction?
<input type="checkbox"/>	Have children?
<input type="checkbox"/>	Have a family member or friend in need of eyecare?