PATIENT QUESTIONNAIRE

	Never	Some	Often
Do you have trouble changing your focus from near to far, or vice versa?			
Do you spend time outside or driving?			
Do you spend time in front of screens (phone, tablet, Kindle, TV, computer)?			
Do you notice sensitivity to bright lights, glare, or fluorescent lighting?			
Do you wear sunglasses?			
Do you wear contact lenses?			
Do you have problems seeing with your current eyewear and/or contact lenses?			
Do you wish your glasses were:			
Thinner			
Lighter Weight			
More Durable			
More Scratch Resistant			

Are you interested in eye surgery (Lasik, other)?

Any other concerns you would like to discuss today regarding your vision, eye health, or eyewear needs?

Doctors Notes