

Lifestyle Index

PT INITIALS / ID _____
DATE _____

This questionnaire is meant to help your doctor understand what you're experiencing on a regular basis — whether it's caused by your eyes, posture, stress, etc. Your responses will help make sure you receive the best care possible.

How often do you experience any of these symptoms? Fill in applicable circle. For example: 1 2 3 4 5



Headaches

of any severity each week, usually getting worse later in the day

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stiffness / pain in neck / shoulders

when you work at a computer or read

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Discomfort with Computer Use

in your eyes (redness, burning) after long hours looking at the screen

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Tired Eyes

with increasing feeling of eye fatigue throughout the day

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Dry Eye Sensation

feeling progressively more gritty/sandy while working at computer or reading

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Light Sensitivity

especially with brighter, stronger lights like fluorescents or headlights

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Dizziness

or an experience like motion sickness or vertigo

1 Never	2 Rarely	3 Sometimes	4 Very Often	5 Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOR OFFICE USE

Neurolens Value

Prism Split for Order Entry

Misalignment

Mono PD

MQI

AC/A Ratio

OD:

Near:

OD:

Near:

OS:

Distance:

OS:

Distance: