



Name \_\_\_\_\_

Date: \_\_\_\_\_

where **TREND**

DOB: \_\_\_\_\_

meets **TRADITION**

Grandville Optical's mission is to provide you with the highest quality, personalized eye care possible. In order to do so, the following questions are intended to help us help you.

Do you spend most of your time indoors or outdoors?

(please circle)

Weekdays?	Indoors	Outdoors
Weekends?	Indoors	Outdoors

Circle the following visual demands you encounter on a regular basis:

Board Work	Computer Work	Reading	Close-up work
Natural Lighting	Artificial Lighting	Potential Eye Hazards	

Circle the following activities or hobbies that you participate in:

Auto Repair	Cooking	Hunting/Shooting	Sewing/Crafts
Beach	Drawing/Painting	Home Repairs	Snow Sports
Biking	Driving	Landscape/gardening	Spectator Sports
Boating/Water Sports	Exercise/Running	Musical Instrument	Tennis
Bowling	Fishing	Phone/Texting	Watching TV
Card/Board Games	Golf	Pilot	Welding
Competitive Sports? Type _____		Reading	Woodwork
Other? _____			

How many hours a day do you spend reading or other close work? \_\_\_\_\_

How many hours a day do you spend on a computer? \_\_\_\_\_

Do you use a ..... cell phone      ebook/ipad      laptop      desktop

Does glare bother you?    \_\_\_ NO      \_\_\_ Yes, sunlight    \_\_\_ Yes, nighttime

Does your work cause you to go from indoors to outdoors frequently?    \_\_\_ NO    \_\_\_ YES

Would you like thinner or lighter lenses?    \_\_\_ NO    \_\_\_ YES

What do you not like about your current glasses? (Weight, thickness, glare, etc.....?)