Layne R. Christensen, OD
290 Sierra College Drive, Suite C
Grass Valley CA 95945
(530) 273-4451

Patient Lifestyle Questionnaire

Thank you for taking a few minutes to complete this questionnaire. The information you provide will help us to better understand your vision care needs.

What is your professional environment? (Check all that apply)
___ I work in a professional business office.
___ I work outside most of the time.
___ My job requires travel. (driving / flying / both)
___ I work from home.

How much time do you spend each day on a computer?
___ 0 -1 Hour ___ 3 – 5 Hours
___ 1- 3 Hours ___ 5 + Hours

How far away do you sit from your computer monitor? ________ inches

How much time do you spend driving at night? ____________ (hours / minutes)

What type of outdoor activities do you participate in? (check all that apply)
___ Golf ___ Gardening ___ Skiing
___ Jogging/Walking ___ Boating ___ Biking
___ Hiking ___ Team Sports ___ Other

What are your indoor hobbies?
___ Reading ___ Sewing / Knitting
___ Painting / Drawing ___ Crafting
___ Music ___ Other

What did you like about your last pair of glasses?__________________________________
____

What would you change? ____
____

Are you interested in wearing contact lenses?
___ Yes _____ No

If you have any questions please call 530-273-4451 or email eyecare@drchristensen.net.