



The Patient Questionnaire

This questionnaire was developed to assist us in helping you choose the frame and lenses best suited to your particular needs.

Please check the sections that apply to you.

Personal Information Name _____

Address _____

City _____

State/Province _____ Zip _____

Phone _____

Does your job require you to wear protective eyewear? Yes No

Who is your employer? _____

Do you currently use more than one pair of glasses? Yes No

If so, is your second pair for a special application such as (check all that apply):

Protective eyewear for work Protective eyewear for home

Prescription sunglasses Other _____

Do you know the difference between dress eyewear and safety eyewear? Yes No

Do your home maintenance activities or hobbies include (check all that apply):

Gardening Woodworking Yard work Auto repair Painting

Using power tools Using caustic cleaning supplies Other: _____

Do the following activities affect you?

Night driving Computer usage Ultraviolet (UV) exposure Close-up work

Do you wear contact lenses? Yes No



SAFETY RX EYEWEAR
UVEX BY SPERIAN

What is the most hazardous thing you do that could cause an eye injury (at work or outside the work place)? Please describe_____

If you had a comfortable and attractive pair of glasses for special applications such as woodworking, would you wear them?

Rarely Sometimes Never

How important is the cost factor in buying protective eyewear?

Primary consideration Reasonably important Not a factor

The importance of wearing protective eyewear, while participating in home and recreational activities that

are potentially hazardous to my vision, has been explained to me. Yes No

It has It has not been recommended that I wear protective eyewear for my special activities.

I have I have not selected protective eyewear for my personal use.

Patient Signature:_____

Date_____

A note to eyecare professionals . . .

Uvex Rx has provided this form for your use. Please feel free to copy and use it to screen your patients.

It is advised that you keep a copy in your patient's files.