

A woman with curly brown hair, wearing a white sleeveless top, is shown from the chest up. She has her eyes closed and is holding both hands to her temples, suggesting she is experiencing a headache or eye strain. The background is a solid blue color.

Do you suffer from

Headaches?

Eye Strain?

Neck Pain?

Dizziness?

Dry Eye?

Ask us about **neurolens**[®]

The first and only contoured prism lens shown to relieve the painful symptoms of today's hardworking eyes



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

- You get headaches of any severity each week (even just a dull ache counts).
- Your headaches tend to get worse later in the day.

1 Never <input type="radio"/>	2 Rarely <input type="radio"/>	3 Sometimes <input type="radio"/>	4 Very Often <input type="radio"/>	5 Always <input type="radio"/>
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Stiffness / pain in neck / shoulders

You experience stiffness/tension in your neck/shoulders when you work at a computer or read (this might even be from your posture).

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

Your eyes get tired, burn, or get red easily when you work at a computer for long hours.

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

Your eyes feel increasingly fatigued/tired as the day goes on.

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

Your eyes progressively feel more dry/sandy/gritty while working at the computer or reading.

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

Bright / Strong lights (vehicle headlights, fluorescent lights etc.) bother you.

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

You experience dizziness, motion sickness, or vertigo.

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

Any additional notes you'd like to add: _____

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