

## ADULT ACTIVITY SHEET

Please take a moment to tell us how you use your eyes in your daily work and leisure activities.

- Computer and/or tablet use  
\_\_\_\_ hours per day
- Reading
- Playing sports (Golf, Tennis, Basketball, etc.)
- Fishing
- Hunting and/or Shooting
- Watching Television
- Playing Instrument(s)
- Biking
- Cellular phone use
- Swimming
- SCUBA diving, snorkeling
- Driving
- Needlepoint, Knitting, and/or Crocheting
- Mechanical, Home Repair, and/or Crafts
- Running
- Yard work
- Collecting (Stamps, Cars, etc.)
- Video Games
- Other Hobbies

Which of the following are you interested in?

- Glasses
- Contact Lenses
- Sunglasses
- Computer Glasses

## CHILD ACTIVITY SHEET

Please take a moment to tell us how you use your eyes for school work and other activities.

- Computer and/or tablet use  
\_\_\_\_ hours per day
- Homework and/or Schoolwork
- Playing sports (check all that apply):
  - Baseball
  - Dance
  - Softball
  - Tennis
  - Hockey
  - Running
  - Skateboarding
  - Lacrosse
  - Gymnastics
  - Soccer
  - Basketball
  - Skiing/Snowboarding
  - Golfing
  - Swimming
  - Football
  - Other
- Reading
- Band, Choir and/or Orchestra
- Watching Television
- Playing board games
- Puzzles and/or Crafts
- Cellular phone use
- Video Games
- Other Hobbies

Which of the following are you interested in?

- Glasses
- Contact Lenses
- Sunglasses
- Computer Glasses