

Eyewear Lifestyle Questionnaire

Your eyewear is an investment in your personal appearance. It's self expression. Your fashion statement without saying a word. An accessory to help you see better and live better. It's the first thing people see when they look you in the eye.

Your Lifestyle

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

Name: _____ Date: _____

How long have you been wearing glasses? _____ Contacts? _____

What percent of time do you wear your glasses? _____ Contacts? _____

Do you wear prescription sunglasses? Yes No

Do you wear non-prescription sunglasses? Yes No

When do you wear your corrective eyewear?

	Glasses	Sunglasses	Contacts
All of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For reading/working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For sports/recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your occupation? _____

Which of the following do you do regularly? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Night driving | <input type="checkbox"/> Work outdoors | <input type="checkbox"/> Commute 20+ min. by car |
| <input type="checkbox"/> Work w/ small objects | <input type="checkbox"/> Work under fluorescent light | <input type="checkbox"/> Read for long periods |
| <input type="checkbox"/> Work on a computer | <input type="checkbox"/> Travel on airplanes | <input type="checkbox"/> Watch TV for 3+ hrs/day |
| <input type="checkbox"/> Work at a desk | <input type="checkbox"/> Frequently alternate between indoors & outdoors | |
| <input type="checkbox"/> Other _____ | _____ | |

List all sports and hobbies you participate in: _____

What do you like about your current glasses? _____

What features will be important in choosing your new glasses? (check all the apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Image | <input type="checkbox"/> Frame material | <input type="checkbox"/> Fit |
| <input type="checkbox"/> Durability | <input type="checkbox"/> Weight | <input type="checkbox"/> Brand |
| <input type="checkbox"/> Fashion trends | <input type="checkbox"/> Lens type | <input type="checkbox"/> Lens thickness |
| <input type="checkbox"/> Frame color | <input type="checkbox"/> Lens color | <input type="checkbox"/> Other |

Dr. Recommends: Contacts Glasses Sunglasses

Lens Type: Single vision Flat top Bifocal Trifocal
 Progressive Executive Blended Other _____

Lens coating: _____ Other: _____