

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)

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

What recreational hobbies or activities do you enjoy? (check all that apply)

- Golf Running Racquetball Football
 Tennis Snow skiing Baseball/Softball Boating
 Water Sports Fishing Basketball Other _____

What interest and hobbies do you enjoy? (check all that apply)

- Reading Gardening Knitting Crafts
 Watching TV Cooking Video Games Painting
 Internet Sewing Woodworking Other _____

What do you like or dislike about your current glasses? _____

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

- Image Frame material Fit Durability
 Fashion trends Lens type Lens thickness Frame color
 Lens color Other Brand Weight

Dr. Recommends:

- Lens type: Single vision Bifocal Trifocal Progressive High Index
 Polycarbonate Contacts Glasses Sunglasses Transitions
 Free Form

- Lens coating: Tint UV 400 Polarized Anti reflective coating

Doctor Signature _____