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

	•		s in recommend	ing the best products
Name:				Date:
How long have you been wearing glasses?				
What percent of time do you wear your glasses?				
		inglasses?		
Do you wear	non-prescription	on sunglasses?	Yes No	
When do you	ı wear your cor	rective eyewear?		
	Gla	sses Sunglass	ses Contacts	3
All of the time	е	_		
For reading/v	working			
For driving				
For sports/re	creation			
Other				
What is your	occupation?	•		
Which of the	following do yo	ou do regularly? (check all that ap	pply)
Night driving		Work outdoors		Commute 20+ min. by car
Work w/ small objects				Read for long periods
Work on a computer		Travel on airpla	nes	Watch TV for 3+ hrs/day
Work at a	desk	Frequently alte	Frequently alternate between indoors & outdoors	
Other				
List all sports	and hobbies y	ou participate in:		
What do you	like about you	current glasses?		
	s will be import	ant in choosing y Frame material	our new glasses Fit	s? (check all the apply)
Image Durability			Brand	
Fashion trends		Weight	Lens thi	ioknoso
Frame color		Lens type		ICKI 1622
Frame con	or	Lens color	Other	
Dr. Recommends:		Contacts	Glasses	Sunglasses
Lens Type:	Single vision	Flat top	Bifocal	Trifocal
, ,	Progressive	Executive	Blended	Other
Lens coating:	G		Other:	