

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

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

For reading/working

For driving

For sports/recreation

Other _____

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

Frequently alternate between indoors & outdoors

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)

Image

Frame material

Fit

Durability

Weight

Brand

Fashion trends

Lens type

Lens thickness

Frame color

Lens color

Other

Dr. Recommends:

Contacts

Glasses

Sunglasses

Lens Type:

Single vision

Flat top

Bifocal

Trifocal

Progressive

Executive

Blended

Other _____

Lens coating: _____ Other: _____