



Your Lifestyle Questionnaire

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

Name _____ Date _____

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

Are you planning to get new glasses or contacts today? _____

Do you wear prescription sunglasses? _____ Non-prescription suns? _____

| When do you wear glasses or contacts? | Glasses | Sunglasses | Contacts |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| All 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 and recreation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | | |

What is your occupation? _____

Which of the following do you do regularly?

- | | |
|--|--|
| <input type="checkbox"/> Night driving | <input type="checkbox"/> Work outdoors |
| <input type="checkbox"/> Commute 20+ minutes by car | <input type="checkbox"/> Work with 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 television 3+ hours per day | <input type="checkbox"/> Frequently alternate between indoors and outdoors |
| <input type="checkbox"/> Work at a desk | <input type="checkbox"/> Potential eye hazards |
| <input type="checkbox"/> Other _____ | |

List all sports and hobbies that you participate in _____

What do you like about your current glasses? _____

What features will be important in choosing your new glasses?

- | | |
|---|---|
| <input type="checkbox"/> Image/Style | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Frame Material | <input type="checkbox"/> Lens type |
| <input type="checkbox"/> Fit | <input type="checkbox"/> Lens thickness |
| <input type="checkbox"/> Durability | <input type="checkbox"/> Other _____ |