



Your Lifestyle

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 contacts? _____ glasses? _____

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

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

When do you wear glasses or contacts? Glasses Sunglasses Contacts

All the time

For reading/working

For driving

For sports and recreation

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"/> 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 | <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"/> Lens color |

Dr. Recommends

- Contact Lenses Glasses

Lens type:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Single Vision | <input type="checkbox"/> Flat-Top |
| <input type="checkbox"/> Bifocal | <input type="checkbox"/> Executive |
| <input type="checkbox"/> Trifocal | <input type="checkbox"/> Blended |
| <input type="checkbox"/> Progressive | Other _____ |

Lens Coating:

- Glass
 CR-39
 Polycarbonate
 High Tech

Lens Material:

- Scratch resistant
 Anti-Reflective
 Tint
 _____% Color _____

Other:

- Prescription Sun Sport Goggle
 Non-Prescription