



HEALTHY EYES

FAMILY VISION CARE

Eyewear Questionnaire

We are committed to providing you with the finest quality vision, using durable and fashionable frames combined with superior lens materials and coatings. The more we know about you and your visual demands during the day, the better we can educate you on the best frames and lens options for your specific lifestyle. Filling out this questionnaire and bringing it with you will allow us to assist in recommendations and choosing the eyewear that's perfect for you.

Patient Name: _____ **Date:** _____

What percentage of the day do you wear: Glasses? _____ Contacts? _____

Do you wear your glasses/contacts mainly for: Driving Reading Full-Time Never

Do you currently wear: Single Vision Bifocal Progressive Not Sure

Do you wear sunglasses? Prescription Store-bought Clip-On None

What is your occupation? _____

Which of the following do you perform regularly?

- | | |
|---|--|
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Work under fluorescent lights |
| <input type="checkbox"/> Looking at small print | <input type="checkbox"/> Night driving |
| <input type="checkbox"/> Outdoors activities | Other: _____ |

What recreational hobbies or activities do you enjoy?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Boating/Fishing |
| <input type="checkbox"/> Water sports | <input type="checkbox"/> Baseball/Basketball/Football/Soccer |
| <input type="checkbox"/> Running | Other: _____ |

What interest or hobbies do you enjoy?

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Watching TV/Video games | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Woodworking/Crafts | Other: _____ |

What do you like or dislike about your current glasses or contact lenses?

What features are important to you in how your glasses look or feel?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Image | <input type="checkbox"/> Comfort/fit |
| <input type="checkbox"/> Fashion trends | <input type="checkbox"/> Brand |
| <input type="checkbox"/> Frame material | <input type="checkbox"/> Durability |
| <input type="checkbox"/> Lens type/thickness | <input type="checkbox"/> Color |