



LIFESTYLE QUESTIONNAIRE

NAME _____ AGE _____ SEX: M or F
PHONE # _____ ALTERNATIVE PHONE # _____

Recreational Hobbies

- Golf Running Racquetball Football/Soccer
- Tennis Snow Sports Softball Water sports
- Fishing Basketball Flying Boating
- Hunting

Hobbies

- Reading Gardening Knitting Crafts
- Watching TV Cooking Video games Painting
- Internet Sewing Woodworking

Occupational Requirements

- Computer work Work outdoors Safety eyewear
- Work reading Military
- Fluorescent lighting Pilot

Problems with Glasses and Contacts

- Glare Inconsistent vision
- Fogging Constant Adjustment

- Lenses scratched and damaged from regular use
- Spends more than two hours daily on the computer
- Sensitive to sunlight
- Difficulties with night driving
- Would you be more comfortable with thinner glasses
- Current glasses uncomfortable
- Are you happy with your frame style

Your life style

- I lead an active lifestyle (outdoors and recreation)
- I enjoy being outdoors as much as possible
- I keep up with fashion trends