



Your Vision Lifestyle!

Welcome! You are here because you care about your vision and we're here because we care too! Please fill out this brief questionnaire so that we can better help you to protect that vision as well as care for the overall health of your eyes.

Name _____

Date _____

Please circle how often you currently wear the following forms of sight correction and/or sight protection...

Contact Lenses	Always	Often	Rarely	Never
Eyeglasses	Always	Often	Rarely	Never
Plano Sunglasses (Non-prescription)	Always	Often	Rarely	Never
Prescription Sunglasses	Always	Often	Rarely	Never

Your eyewear is a part of your life! It should function perfectly, look great and always feel completely comfortable! Do you have any of the following problems with your current eyewear? Please check all that apply.

- Too heavy (They leave marks on nose or cheeks.)
- Poor fit (They slip down or are uneven.)
- Squeeze too hard on the temples
- Wrong size (too large or too small)
- Difficulty with bifocal
- Too much glare
- Irritating under fluorescent lights
- Inadequate amount of reading area in the lenses
- Need constant adjustment
- Outdated, faded or worn out
- Screws fall out too easily
- Other, please comment:



