

Lifestyle Questionnaire

Please tell us a little bit about yourself so that we can understand how you use your eyes and provide you with the most customized eyewear solution for you.

What hobbies/activities do you participate in?

Do any of these situations cause you to have eye strain? (Circle all that apply)

Car Headlights Haze Flourescent Lights Sunshine
Night Driving Traffic Lights Digital Devices Other: _____

What do you like about your current glasses (color, style, fit, ect.)

What don't you like about your current glasses (weight, thickness, glare, ect.)

On average, how many hours a day do you spend on your digital devices such as a tablet, computer, cell phone, gaming device?

0-4 Hours 4-8 Hours 8-12+ Hours

Does your work or after work activities cause you to go from indoors to outdoors frequently?

Yes No

Do you currently have prescription sunglasses?

Yes No