

## Lifestyle Questionnaire

Visual, Lifestyle and Image Needs Analysis

Date:

### Patient Information

Patient Name:

Phone:

### Survey

I currently wear:

Eyeglasses       Contacts       Sunglasses       Combination

Regarding my current eyewear, I am **Satisfied** with the:

Vision       Comfort       Look/Style

Regarding my current eyewear, I am **Dissatisfied** with the:

Vision       Comfort       Look/Style

Please check all that apply:

- I spend a lot of time outdoors.
- I have trouble seeing at night.
- My job/lifestyle involves both indoor and outdoor activities.
- I am uncomfortable with the weight and/or thickness of my glasses .
- I am light sensitive, driving in bright sunlight and glare bother me.
- I have trouble with close work while:
- Reading       Using my computer       Partaking in my hobbies
- I participate in active or competitive sports.
- My current eyewear doesn't meet my performance needs for work and recreation.

### When it comes to my sense of fashion style/image, I consider myself:

(please choose the category below that you think most accurately reflects your style image *most of the time*)

**Fashion Confused**

- I consider eyewear just a medical device
- Comfort and vision are all I care about in eyewear
- I rarely update my wardrobe or change my look

**Fashion Conversative**

- I prefer classic, traditional styles
- I am not really influenced by fads or trends
- I feel eyewear should be minimal and subtle

**Fashion Conscious/Curious**

- I have an updated style
- I am interested in new trends
- I consider my eyewear a fashion/accessory item
- I believe eyewear should reflect my image

**Fashion Cutting Edge**

- I am a trendsetter and fashion forward
- I am willing to take risks with my overall look

- I value and recognize designer brands
- Accessories are a MUST for me
- I believe my eyewear should make a statement

Email Form to Brooks Eyecare !

