

THE GLASSES IN MY LIFE, FORM

Name: _____ Date _____

I currently wear:

- Eyeglasses
- Contacts
- Sunglasses
- Readers

Regarding my current eyewear, I am satisfied with the:

- Vision
- Comfort
- Look/Style
- Other _____

Regarding my current eyewear, I am dissatisfied with the:

- Vision
- Comfort
- Look/Style
- Other _____

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
- Glare bothers me.
- I participate in active or competitive sports.
- I have trouble with close work while: reading using my computer partaking in my hobbies
- 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 that you think most accurately reflects your style image most of the time.

- Fashion Confused
- I consider eyewear just a medical device
- Comfort & vision are all I care about in eyewear.
- I rarely update my wardrobe or change my look.
- Fashion Conservative
- 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.

- o I consider my eyewear a fashion/accessory item.
- o I believe eyewear should reflect my image.
- o Fashion Cutting Edge
- o I am a trendsetter and fashion forward.
- o I am willing to take risks with my overall look.
- o I value and recognize quality brands.
- o Accessories are a MUST for me.
- o I believe my eyewear should make a statement.

I use a Computer _____ Hours in a day

I drive _____ Hours in a day.

I own _____ pair of readers.

I own _____ pairs of sunglasses.