

LIFESTYLE QUESTIONNAIRE

NAME: _____

DATE: _____

OCCUPATION: _____

DO YOU WEAR GLASSES CURRENTLY? YES ___ NO ___

IF YES,

WHAT DO YOU LIKE ABOUT YOUR GLASSES?

WHAT DO YOU NOT LIKE ABOUT YOUR GLASSES?

WHAT COLORS ARE YOU OPEN TO WEARING?

DO YOU LIKE, ___ PLASTIC ___ METAL ___ HALF FRAMES ___ FRAMELESS OR
___ WHATEVER MAY LOOK GOOD (NOT SURE)? COMMENTS BELOW

WHAT KIND OF HOBBIES DO YOU ENJOY?

IF YOU NEED GLASSES, WOULD YOU BE INTERESTED IN ___ REGULAR GLASSES
___ SUNGLASSES, ___ BOTH OR ___ NEITHER WOULD LIKE CONTACTS INSTEAD?
COMMENTS BELOW
