

EYEWEAR NEEDS ASSESSMENT

Name: _____ Date: _____

Profession/Occupation: _____

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Nature of visit:

- Visual problem (specify): _____
- Routine eye exam
- First eye exam
- Broken/lost eyewear
- Want new eyewear

Do you or a family member have any of the following:

- Glaucoma
- Cataracts
- Hypertension
- Diabetes
- Macular degeneration

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 thickness of my glasses.
- I am light sensitive, driving in bright sunlight and glare bothers me.
- I have trouble with close work with:
 - Reading
 - Using my computer
 - Hobbies
- I participate in active or competitive sports.
- 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, I consider myself (choose the category that accurately reflects your style 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 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.
 - 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 eyewear should make a statement.

I wear eyeglasses or contact lenses during these situations:

- | | | |
|--|---|--|
| <input type="checkbox"/> Business/workday <ul style="list-style-type: none"><input type="radio"/> Glasses<input type="radio"/> Contacts | <input type="checkbox"/> Casual/recreation <ul style="list-style-type: none"><input type="radio"/> Glasses<input type="radio"/> Contacts | <input type="checkbox"/> Outdoors <ul style="list-style-type: none"><input type="radio"/> Glasses<input type="radio"/> Contacts |
| <input type="checkbox"/> Weekend/evening <ul style="list-style-type: none"><input type="radio"/> Glasses<input type="radio"/> Contacts | <input type="checkbox"/> Social events <ul style="list-style-type: none"><input type="radio"/> Glasses<input type="radio"/> Contacts | |