



Vizionz LLC
70 Hancock Rd Suite 2G
Peterborough NH 03458
vizionzeyewear@gmail.com
(603) 213-3896

Customer Lifestyle Questionnaire

- ☐ I am under 18 years of age.
☐ I am over 18 years of age.

How many eyeglasses do you currently own?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ other

On average, how many hours per day do you wear your glasses? What functions do you perform with your pairs of glasses?

Is safety ever a concern?

- ☐ Yes ☐ No

I am interested in a lighter weight lens and/or frame.

- ☐ Yes ☐ No

I would like lenses that appear more youthful.

- ☐ Yes ☐ No

I am in and out of buildings all day.

- ☐ Yes ☐ No

I am sensitive to light.

- ☐ Yes ☐ No

I have a usable back up pair of glasses.

- ☐ Yes ☐ No

I drive _____ hours a day. / I drive _____ hours at night.

I read _____ hours per day.

I see halos around lights while driving.

- ☐ Yes ☐ No

Low light situations make using glasses even more difficult.

- ☐ Yes ☐ No

I would prefer people see me rather than my glasses.

- ☐ Yes ☐ No



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List Occupation:

I spend _____ hours a day on a computer.

I work with power tools.

☐ Yes ☐ No

At work, I look mainly in the distance.

☐ Yes ☐ No

At work, I look mainly at arms length.

☐ Yes ☐ No

At work, I look mainly up close.

☐ Yes ☐ No ☐ (Other) describe

Safety is a concern at work.

☐ Yes ☐ No

If I could improve my current glasses while working they would provide:

Describe the size of your typical working environment (cubicle, classroom size, auditorium, outdoors, etc...):

List any of the hobbies you actively participate in: (Musical instrument, gardening, reading, crosswords, writing, glassblowing, carving, sewing, boating, television, family time, or anything you spend your spare time enjoying.)

Describe the most problematic visual task while performing your hobbies:



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What would you improve on in your current pair of glasses that would give you a better optical solution while enjoying your hobbies:

I spend _____ hours a week enjoying my Hobbies.

Being fashionable is important to me.

☐ Yes ☐ No

I occasionally like to wear a different pair of glasses to suit my style.

☐ Yes ☐ No

I'd like to match my glasses to my outfit(s).

☐ Yes ☐ No

I'd like to match my glasses to the activity at hand.

☐ Yes ☐ No

I would like to wear a different pair of glasses during the day than during the evening.

☐ Yes ☐ No

I am interested in Brand Names.

☐ Yes ☐ No

I believe formal and informal situations call for different pairs of eyewear.

☐ Yes ☐ No

Please list any Sport(s)/Extreme Sport(s) you actively participate in:

What is the most problematic visual task while performing your Sports activity?

What would you improve in your current pair of glasses that would give you a better optical solution while enjoying your Sports activities?

I spend _____ hours a week enjoying sport activities.