

Fairway Park Optometry Center Lens Survey

For us to assist you in making informed choices regarding the best lens design for your new eyewear, please take a moment to provide us with the following information:

NAME: _____

Please check all of the visual activities that you participate in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Home repair | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hunting | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Knitting | <input type="checkbox"/> Stamp collecting |
| <input type="checkbox"/> Card games | <input type="checkbox"/> Machinery/welding | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Coin collecting | <input type="checkbox"/> Music | <input type="checkbox"/> Target shooting |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Opera | <input type="checkbox"/> Team sports |
| <input type="checkbox"/> Crochet | <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Television |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Photography | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Pilot | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Reading | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Sewing | <input type="checkbox"/> Water skiing |

Please check the most appropriate description:

- | | | | |
|---------------------------------|-------------------------------------|---------------------------------------|--------------------------------|
| I use a computer: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| I spent time outdoors: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| I need to see clearly up close: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| I drive at night: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| I like to read in bed: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Technology is important to me: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |

What I like the most about my last pair of lenses/frames: _____

What I would like to change the most about my last pair of lenses/frames: _____

Do you have any other visual needs that have not been described on this survey? _____

Thank you for taking the time to complete this survey. This information will assist us in recommending the best products to meet your visual requirements.