

Kids Lifestyle Questionnaire

Please tell us a little bit about your child so that we can understand how they use their eyes and provide the best eyewear solution for their developing vision.

What hobbies/activities does your child participate in? (sports, music, art, other hobbies/extracurriculars)

Do any of these situations cause your child to have eye strain? (Circle all that apply)

Gaming Device	Haze	Fluorescent Lights	Sunshine
Television	Sport Lights	Computer/Tablet	Other: _____

What does your child like about their current glasses (color, style, fit, nose pads, etc.)

What doesn't your child like about their current glasses (weight, thickness, style, glare, grip, etc.)

On average, how many hours a day does your child spend on digital devices such as a tablet, computer, cell phone, gaming device?

0-3 Hours 3-5 Hours 5-8+ Hours

On average, how many hours a day does your child spend outdoors?

0-1 Hour 1-3 Hours 3-5+ Hours

Does your child's school or after school activities cause them to go from indoors to outdoors frequently?

Yes No

Does your child currently have prescription sunglasses?

Yes No