INDIVIDUAL EYES

Lenses as individual as you

Name: _____ **Date:** _____

Occupation:

☐ Office ☐ Construction ☐ Mechanic ☐ Sales
☐ Medical ☐ Driving ☐ Computer Field ☐ Other _____

Are you bothered by glare from any of the following?

☐ Night Driving ☐ Sunshine ☐ Fluorescent Lights ☐ Computer Screen

Hobbies:

☐ Golf ☐ Fishing/Hunting ☐ Skiing ☐ Cycling
☐ Sewing ☐ Hiking/Biking ☐ Reading ☐ Other _____

How many hours per week do you spend:

On a computer	☐ 0-10	☐ 11-20	☐ 20+
Outdoors	☐ 0-10	☐ 11-20	☐ 20+
Driving/Daytime	☐ 0-10	☐ 11-20	☐ 20+
Driving/Nighttime	☐ 0-10	☐ 11-10	☐ 20+
Participating in Hobbies	☐ 0-10	☐ 11-10	☐ 20+

At work, do you read small print?

☐ Yes
☐ No

Are your eyes sensitive to sunlight?

☐ Yes
☐ No

Do you perform fine or close-up work?

☐ Yes
☐ No

Do you have trouble reading?

☐ Yes
☐ No

Is safety protection a concern?

☐ Yes
☐ No

Do you have trouble reading signs at night while driving?

☐ Yes
☐ No

Do you have prescription sunglasses?

☐ Yes
☐ No

Are you interested in, or have you worn, glasses that darken in the sunlight?

☐ Yes
☐ No

If Yes, are they polarized?

☐ Yes
☐ No

How many pairs of glasses do you currently use?

☐ 1 ☐ 2 ☐ 3+

What do you like most about your current glasses? _____

What do you like least about your current glasses? _____