

# These questions will help us to understand your eyes better.

## When did you notice that you need new lenses?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Driving     | <input type="checkbox"/> Visit to the doctor |
| <input type="checkbox"/> Reading     | <input type="checkbox"/> Watching television |
| <input type="checkbox"/> Other _____ |  |

What did you notice? \_\_\_\_\_  
\_\_\_\_\_

## What are your visual requirements?

- I need good near-sighted vision
- I need good far-sighted vision
- I need both regularly

## How often do you wear your glasses?

- Rarely (1–3 times per week)
- Sometimes (1–3 times per day)
- Often (a few hours a day)
- Constantly (apart from at night)

## What problems do you have with your sight at work?

\_\_\_\_\_  
\_\_\_\_\_

## Which of the following activities do you undertake regularly?

- Driving
- Working with my hands/arts and crafts
- Computer/office work
- Reading
- Cooking
- Manual work outdoors
- Hiking/going for a walk
- Sport
- Watching television
- Other

\_\_\_\_\_

## Specific questions about your individual sight situation:

- Do you have sight problems at night?
- Are you sensitive to light?
- Do you have to clean your glasses frequently?
- Have you ever scratched your glasses?
- Do you have problems with the sun reflecting from surfaces, for example on wet streets/water?
- Do you come into contact with a lot of dust?
- Do you have problems with pressure marks on your nose?
- Do your glasses often slip?