

	Never	Some	Often
Do you have trouble changing your focus from near to far, or vice versa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend time outside or driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend time in front of screens (phone, tablet, Kindle, TV, computer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you notice sensitivity to bright lights, glare, or fluorescent lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear sunglasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems seeing with your current eyewear and/or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty hearing when:			
Holding a conversation in noisy environments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television or listening to the radio at a moderate volume?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in group discussions or meetings due to being unable to hear all parts of the conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What do you love about your current eyewear?			
What would you change?			
Are you interested in eye surgery (Lasik, other)?			
Any other concerns you would like to discuss today regarding your vision, eye health, or eyewear needs?			
	Current Prescriptions (Actively Wearing)		
	Current Len Design & Features		