

	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"/>

What do you love about your current eyewear?

Current Prescriptions (Actively Wearing)

What would you change?

Are you interested in eye surgery (Lasik, other)?

Current Len Design & Features

Any other concerns you would like to discuss today regarding your vision, eye health, or eyewear needs?