



Thank you for answering these questions about your eyes to help us serve you better.

Do you currently wear glasses?  Yes  No  
If yes:  Full Time  Reading/Near work Other: \_\_\_\_\_

Are you planning on getting new glasses today?  Yes  No  Unsure  
If yes:  
 Everyday glasses  Computer glasses  Reading glasses  RX Sunglasses  
 TV glasses  Driving glasses  RX Sports glasses  RX Safety glasses

Do you wear contact lenses?  Yes  No  
Are you renewing your contact lens prescription today?  Yes  No  Unsure  
Do you have difficulty seeing at night?  Yes  No  
Do you wear anything to protect your eyes from the sun?  Yes  No  
Do you use a computer/phone/tablet over 4 hours daily?  Yes  No

**Do you ever experience:**

Gritty or sandy sensation?  Never  Sometimes  Frequently  
Itchy eyes?  Never  Sometimes  Frequently  
Itchy eyelids?  Never  Sometimes  Frequently  
Fluctuating vision?  Never  Sometimes  Frequently  
Eye pain or soreness?  Never  Sometimes  Frequently

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For office use only, options and recommendations:

Everyday glasses  Computer glasses  Reading glasses  RX Sunglasses  
 TV glasses  Driving glasses  RX Sports glasses  RX Safety glasses  
  
 Anti-glare  Blue-light AR  Transitions  Polarized  SV  PAL  BF