1. Does your work or hobby require you to focus at a variety of distances? Check those that apply:
   - Distance ___
   - Arm’s length ___
   - Near ___

2. If you currently wear bifocal or trifocal lenses, are you comfortable with how they make you look?
   - Yes ___  No ___

3. Would you be interested in lenses that give you the freedom to automatically focus at any distance?
   - Yes ___  No ___

4. Would you be interested in changeable lenses that automatically adjust to different lighting conditions?
   - Yes ___  No ___

5. Would you be interested in lenses that deliver clearer, sharper vision by offering sharper contrast, particularly at night?
   - Yes ___  No ___

6. Would you be interested in a material or design that reduces the thickness and weight of your lenses?
   - Yes ___  No ___

7. You probably protect your skin from the sun’s harmful burning rays. Would you be interested in a lens that protects your eyes from the same damaging ultraviolet light?
   - Yes ___  No ___

8. Do you operate a computer? Would you be interested in a lens that can help eliminate eyestrain by offering wide clear areas of intermediate and near vision?
   - Yes ___  No ___

9. Are your lenses subject to scratching at work or recreation? Is maximum scratch resistance important to you?
   - Yes ___  No ___

10. Are you bothered by glare and reflections while outdoors, driving, or playing? Would lenses that eliminate glare be of interest to you?
    - Yes ___  No ___

11. Would you like lenses that offer a wider field of vision for distance viewing, and clear, crisp vision for reading?
    - Yes ___  No ___

12. Do you use power equipment at work or home? Are you involved in active sports? Is clear, safe vision a concern of yours?
    - Yes ___  No ___

13. Would you be interested in learning more about specially designed lenses that could help you meet the specific demands of your daily activities?
    - Yes ___  No ___

14. What is your primary occupation? ________________
    What are your hobbies and main recreational activities? ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________

Check all areas that apply:
- Physical or contact sports ___
- Visually demanding occupations ___
- Driving/outdoor activities ___
- Desk or office work ___
- Computer and/or hobby work ___
- Eye safety ___
- Fashion dress wear ___
- Special prescription needs ___

Please list any additional concerns that you may have.
- ____________________________________
- ____________________________________
- ____________________________________

**VISUAL FREEDOM** requires the ability to perform at the highest level, regardless of activity.

With your help, we can provide what you will need to achieve **Visual Freedom** in your daily life.