

Visual Assessment Form—*Visual Freedom For All That You Do*

Please help us to establish your visual needs by answering the following questions about your eyeglasses.

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.



X-Cel Optical Company
www.x-celoptical.com