

VISION PILOT SURVEY

Please help us to improve our product or service by completing this survey.
We value you as a customer and would appreciate your feedback.

Which of the images are similar to your vision? (Please list image 1, 2, etc. If none, please describe as best you can how you see.)

When does it happen?

Morning Afternoon Evening Most of the time

How often does it happen?

All of the time Some of the time

Where does it happen?

Up close Far away A certain gaze (left/right/up/down)

Is it getting better/worse/staying the same?

Better Worse Staying the same

And if so, what makes it better or worse?

Which eye?

Right eye Left eye Both eyes

Additional comments or suggestions
