



Name _____ **Date** _____

Yes No Unsure Motivation Questions

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My main visual problem is "close-up" vision (reading, computer, cell phone, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have numerous pairs of reading glasses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My goal is to become less dependent on reading glasses so I can leave the house without them. |

Yes No Unsure Targeting Questions

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have significant problems with seeing in the distance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am anticipating that CK will improve my night vision. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am not willing to lose any distance vision to gain near vision. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I expect a magnification effect from CK similar to my reading glasses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I expect that after CK, there will be no fluctuation in my vision, and my eyes will begin to work together almost immediately |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I expect that after CK I will be able to read extremely fine print, such as stock tables, without reading glasses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I expect the effects of CK to be permanent. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have changed my prescription more than twice in the last two years. |

What type of work do you do? _____

How many hours per day do you spend on the computer? _____

How many hours per day do you spend reading, either for business or for pleasure? _____

Describe any vision issues that occur when driving? _____

Other: _____