



Please help us get to know you better!

What is your occupation?

Please check all activities that apply to your lifestyle:

- Outdoor activities
- Reading
- Needle point/sewing
- Sports (specify) _____
- _____
- Other _____
- _____

How many hours a day are you on a computer? _____

I suffer from (check all that may apply):

- Itchy watery eyes
- Redness or burning
- Seasonal eye allergies
- Dry eyes
- Trouble seeing at night
- Light sensitivity
- Computer eye strain

For contact lens wearers, check all that may apply:

- I work long hours or have an unpredictable schedule.
- I sleep or nap in my contacts, or would like to.
- I want comfortable lenses at a good value for my regular routine.
- I am interested in colored lenses to enhance or change the color of my eyes.
- I spend a lot of time outdoors in the sun or driving during the day.

My current contact lenses:

- Become less comfortable as the day goes by. Yes No
- I use re-wetting drops to make my eyes feel more comfortable when wearing my contacts. Yes No
- While wearing my contacts, I find myself pulling on my eyelids or blinking my eyes more often to help my them feel more comfortable. Yes No
- My eyes are sometimes red or feel irritated at the end of the day when I wear my contacts. Yes No