AGING EYES (Asked only of those aged 55 or older)

1. As you have aged, have you been experiencing any vision problems?
   • Yes 75%
   • No 25%

2. What are you experiencing? (Multiple responses permitted)
   • Night vision problems 45%
   • Dry, itchy, and/or burning eyes 34%
   • Difficulty seeing close up 66%
   • Difficulty seeing far away 47%
   • Floaters/spots moving in front of your eyes 39%
   • Other 8%
   • None of the above 1%

3. Have you experienced difficulty driving due to vision changes?
   • Yes 41%
   • No 59%

4. What difficulties do you experience? (Multiple responses permitted)
   • Blurred vision 30%
   • Difficulty with near or far vision at night 67%
   • Diminished peripheral vision 11%
   • Problems with glare 71%
   • None of the above 1%
   • All of the above 3%

5. Which of the following would concern you the most about developing serious vision problems?
   • Losing the ability to drive 16%
   • Being unable to live independently 39%
   • Not being able to watch television 3%
   • Being unable to read 18%
   • Not being able to see your loved ones 18%
   • Other 1%
   • None of the above 5%

UV PROTECTION

6. Which do you prefer to wear to protect your eyes against ultraviolet (UV) rays?
   • Sunglasses 69%
   • Prescription eyeglasses that automatically darken when you are outside (transition lenses) 27%
   • Contact lenses with UV protection 9%
   • Hats 29%
   • All of the above 5%
7. Do you check the UV ray protection level before you purchase sunglasses?
   • Yes 53%
   • No 47%

8. Do you wear sunglasses while doing outdoor activities such as yard work, running, biking, etc.?
   • Yes 75%
   • No 25%

9. Do you typically wear sunglasses in the winter months?
   • Yes 53%
   • No 47%

10. How old was your child when you purchased his or her first pair of sunglasses? (Asked only of those with children under 18 living at home)
    • 6 - 12 months 18%
    • 1 - 2 years 22%
    • 3 - 4 years 11%
    • 5 or older 28%
    • I have never purchased sunglasses for my child 21%

SPORTS VISION

11. When playing contact sports (such as basketball, baseball, hockey, soccer, volleyball, football, golf, wrestling, etc.), do you wear protective eyewear?
    • Yes 21%
    • No 30%
    • I don’t play contact sports 49%

12. If you wear eyeglasses glasses daily, do you wear those same glasses while playing contact sports?
    • Yes 21%
    • No 24%
    • I don’t play contact sports 55%

13. Have you ever had an eye injury while playing sports?
    • Yes 8%
    • No 92%

14. Have you ever had a concussion from playing sports?
    • Yes 10%
    • No 90%

CONTACT LENSES
15. Do you know how long you are supposed to wear your contact lenses before they should be replaced? (For contact lens wearers only)
   • Yes 93%
   • No 7%

16. Do you frequently wear disposable contact lenses longer than the suggested duration? (For contact lens wearers only)
   • Yes 59%
   • No 41%

17. How often do you replace your contact lens case? (For contact lens wearers only)
   • Every 1 - 3 months 38%
   • Every 4 - 6 months 29%
   • Every 7 - 12 months 9%
   • Every year 10%
   • Never 6%
   • Don’t know 3%
   • Not applicable (I don’t have a case; I wear daily disposable contact lenses) 5%

18. What steps do you follow each time you take out your contact lenses? (Multiple responses permitted) (For contact lens wearers only)
   • Wash hands with soap and water before handling lenses 67%
   • Clean contact lenses with multi-purpose solution on a daily basis 61%
   • Use rewetting drops to clean and disinfect lenses 31%
   • Soak lenses overnight in sufficient multi-purpose solution 73%
   • Soak or clean lenses in water 16%
   • Store lenses in a lens storage case 75%
   • Store lenses in something other than a typical storage case 7%
   • Clean the case after each use, keeping it open and dry between cleanings 42%
   • None of the above 3%

19. Which of the following do you do on a regular basis? (Multiple responses permitted) (For contact lens wearers only)
   • Shower in your contacts 53%
   • Wear longer than suggested 41%
   • Swim in your contacts 21%
   • Sleep in your contacts 17%
   • None of the above 30%

20. Have you ever worn decorative/colored contact lenses?
   • Yes 16%
21. Did you have a prescription from an eye doctor when purchasing your decorative/colored contacts?
   • Yes 74%
   • No 26%

QUESTIONS SPECIFIC TO WOMEN’S EYE HEALTH ISSUES (asked only of females)

22. Have you ever slept with your eye make up on?
   • Yes 64%
   • No 36%

23. Does a woman’s vision typically change during pregnancy or menopause?
   • Yes 29%
   • No 9%
   • Don’t know 62%

24. How often do you replace your mascara and/or liquid eyeliner?
   • Within the first 3 months 18%
   • Every 4 - 6 months 36%
   • Every 7 - 12 months 12%
   • Less than once a year 10%
   • I don’t wear mascara or eyeliner 24%

25. How do you apply your eyeliner?
   • On the outside of the eyelid 41%
   • On the inside of the eyelid/rim of eye 6%
   • Both inside and outside of eye lid/rim 18%
   • I don’t wear eyeliner 35%

26. Have you worn any of the following?
   • False eyelashes 14%
   • Eyelash extensions 1%
   • Both 2%
   • None of the above 82%

TECHNOLOGY-RELATED QUESTIONS

27. Overall, which do you use the most when reading?
   • Traditional print (i.e. book, newspaper, magazine) 35%
   • Smartphone 9%
   • Computer 35%
   • Tablet (i.e. iPad, Kindle, etc.) 14%
   • eReader 5%
   • Other 1%

28. Does your workplace have a "bring your own device" program?
• Yes 12%
• No 64%
• Don’t know 23%

29. When doing near work (such as reading, computer work, etc.) do you take visual breaks?
• Yes 67%
• No 30%
• Don’t know 4%

30. On an average day, approximately how many hours do you spend using computers, smartphones, tablets or other hand-held electronic devices?
• Less than an hour 1%
• 1-2 hours 5%
• 2 - 3 hours 11%
• 3 - 4 hours 21%
• 5 - 7 hours 25%
• 8 - 10 hours 23%
• 10 or more hours 14%

31. Have you ever experienced eye strain or vision problems as a direct result of using technology (i.e., computers, smartphones, hand-held electronic devices, etc.)?
• Yes 58%
• No 42%

32. **What type of device bothers your vision the most?**
• Desktop computer/laptop 59%
• Tablet (i.e. iPad, Kindle) 8%
• Mobile phone (i.e., iPhone, Droid, etc.) 26%
• Handheld video game 4%
• eReader 2%
• Other 1%

33. Do you look at multiple screens/use multiple digital devices at the same time? (i.e. using a smartphone, tablet or laptop while simultaneously watching tv?)
• Yes 61%
• No 39%

34. True or false: blue light emitted from digital devices can affect your vision.
• True 76%
• False 24%

35. In addition to communication, what primary activity do you use digital devices for?
• Work 18%
• Shopping 14%
• Entertainment (such as reading, watching shows/movies or playing video games) 56%
• Navigation 6%
• Photography 3%
GENERAL QUESTIONS

36. Have you skipped any doctor visits within the past year because of budgetary concerns?
   • Yes 29%
   • No 71%

37. In terms of scheduling regular/yearly appointments with doctors, which of the following is most important?
   • Dentist 7%
   • Eye doctor 12%
   • Dermatologist 1%
   • Primary care physician 37%
   • All are equally important 43%

38. Which of the following do you worry most about losing?
   • Vision 47%
   • Memory 31%
   • Ability to walk 13%
   • Ability to hear 3%
   • Hair 3%
   • Other 3%

39. Which of the following conditions do you think can be detected through a comprehensive eye exam? (Multiple responses permitted)
   • Diabetes 43%
   • Hypertension 31%
   • Cardiovascular disease 22%
   • Cancer 18%
   • Multiple sclerosis 9%
   • None of the above 14%
   • Don’t know 30%

40. Would you trust an online program or mobile phone app to examine or diagnose eye issues?
   • Yes 25%
   • No 75%

41. Have you ever used a mobile app to self-diagnose an eye or vision issue?
   • Yes 4%
   • No 96%

42. Did you visit an eye doctor to confirm the diagnosis, or to receive follow-up treatment?
   • Yes 98%
   • No 2%

43. Which food is best for your eye health?
   • Carrots 48%
• Broccoli 1%
• Spinach 2%
• Apples 0%
• All equally good 49%

44. Have you ever purchased prescription eyeglasses online?
• Yes 9%
• No 91%

45. Were you satisfied with your online eyeglass purchase?
• Yes 91%
• No 9%

46. Why weren’t you satisfied? (Multiple responses permitted)
• Unhappy with appearance/didn’t like the way the frames looked 0%
• Had difficulty seeing 10%
• The materials were poor quality 50%
• Improper fit/uncomfortable to wear 8%
• Poor customer service 21%
• Other 20%

47. Have you ever purchased contact lenses on the Internet?
• Yes 15%
• No 85%

48. Did you have a prescription from an eye doctor when purchasing your corrective lenses online?
• Yes 88%
• No 12%

49. Do you experience dry eye?
• Yes 41%
• No 59%

50. Have you experienced any of the following dry eye symptoms? (Multiple responses permitted)
• Irritated eyes/gritty feeling 41%
• Redness 35%
• Burning eyes 34%
• Blurry vision 40%
• Watering 38%
• Sharp eye pain 10%
• None of the above 26%

51. Do you suffer from seasonal eye allergies?
• Yes 42%
• No 58%

52. Have you ever experienced vision issues while taking antihistamines?
• Yes 7%
• No 93%

53. **How often should all adults (whether they wear corrective lenses or not) have their vision checked through a comprehensive eye exam?**
• Yearly 68%
• Every other year 22%
• Every 3 years 4%
• Every 5 years 1%
• Don’t know 5%

54. July 12 is national different colored eyes day, which recognizes heterochromia, or a difference in coloration of the irises. While this is a unique trait, surprisingly, there are several celebrities with different colored eyes. Which celebrity with different colored eyes is your favorite?
• Mila Kunis 19%
• Kate Bosworth 5%
• Henry Cavill 4%
• Jane Seymour 12%
• Kiefer Sutherland 7%
• Christopher Walken 10%
• Dan Aykroyd 7%
• Daniela Ruah 2%
• None of the above 35%

GLAUCOMA

55. What factor(s) place you at a higher risk for developing glaucoma? (Multiple responses permitted)
• Race 13%
• Age 47%
• Family history 53%
• Gender 9%
• Poor diet/nutrition 25%
• Lack of exercise 10%
• None of the above 3%
• Don’t know 26%

56. Glaucoma primarily causes deterioration of which part of your eyesight?
• Central 19%
• Peripheral (Outer) 15%
• Spotty/blurry vision throughout 21%
• Don’t know 45%

57. True or false: Glaucoma typically has early warning signs and symptoms.
• True 74%
• False 26%

58. Glaucoma is most often detected in what age group?
• 40s and older 28%
• 60s and older 35%
• It’s detected in all age groups at about the same rate 18%
• Don’t know 19%

59. True or false: Glaucoma is preventable with proper eye care.
• True 69%
• False 31%

DIABETES

60. Have you or someone you know had diabetes detected through a comprehensive eye exam?
• Yes 8%
• No 92%

61. True or False: Diabetic eye diseases often have no visual signs or symptoms.
• True 38%
• False 62%

62. True or false: Diabetes is the leading cause of preventable blindness in adults.
• True 81%
• False 19%

63. True or false: People with diabetes are at a higher risk of developing cataracts
• True 81%
• False 19%

INFANTS/CHILDREN

64. Do you have any children under 18 living at home who currently wear contact lenses or eyeglasses?
• Yes 51%
• No 49%

65. Was his/her vision problem identified during a routine exam or were there other symptoms that eluded a vision problem was present?
• Discovered during routine eye exam 74%
• Other symptoms 26%

66. True or False: An eye doctor can detect eye and vision problems before a child is a year old.
• True 78%
• False 22%

67. What eye and vision conditions can be detected in an infant? (Multiple responses permitted)
• Lazy eye (amblyopia) 54%
• Crossed eyes 56%
• Cancer 11%
• The inability to see close up (Farsightedness) 28%
• The inability to see far away (Nearsightedness) 26%
• None of the above 2%
• Don’t know 31%

68. Is it safe to dilate a baby’s eyes?
• Yes 10%
• No 20%
• Don’t know 70%

69. Do you take your child(ren) to an eye doctor for a comprehensive eye exam each year?
• Yes 65%
• No 35%

70. Has your child ever expressed a desire to wear non-prescription eyeglasses?
• Yes 21%
• No 79%

71. Does your child’s (or children’s) school district have a “bring your own device” program?
• Yes 16%
• No 60%
• Don’t know 24%

72. What types of books does your child(ren) use to school?
• Paper text books 58%
• E-text books (i.e. tablets or other electronic devices) 5%
• Both 37%

73. What types of devices does your child(ren) use at school for learning purposes? (Multiple responses permitted)
• Laptop 45%
• Tablet 37%
• Smartphone 18%
• Smart white board 27%
• Other 4%
• None of the above 15%
• Don’t know 7%

74. Does your child(ren) have his or her own smartphone or tablet?
• Yes 66%
• No 34%

75. How old were they when they received their first smartphone/tablet?
• 0-2 years 5%
• 3-5 years 16%
• 6-8 years 24%
• 9-11 years 26%
• 12 years or older 29%
76. On an average day, approximately how long does your child(ren) use a computer, video game, mp3 player or mobile device/smartphone to view content?
   • 30 minutes or less 15%
   • 1 - 2 hours 36%
   • 3 - 4 hours 28%
   • 5 - 6 hours 9%
   • 7 or more 4%
   • Does not use on a daily basis 8%

77. How concerned are you that your child(ren) may damage their eyes due to prolonged use of computers/hand-held electronic devices?
   • Extremely concerned 18%
   • Very concerned 31%
   • Somewhat concerned 33%
   • Not very concerned 13%
   • Not at all concerned 6%

78. When should a child first have a comprehensive eye exam by an eye doctor?
   • Between six – 12 months of age 19%
   • Between 1 and 2 years of age 26%
   • Between 3 and 4 years of age 22%
   • Age 5 or older 21%
   • Never 1%
   • Don’t know 11%

79. True or false: Vision screenings (like those offered at schools, in a pediatrician’s office or as part of public health screenings) are an effective way to detect vision problems.
   • True 89%
   • False 11%

80. Do you always make sure that your child wears eye protection when playing sports (either recreational or competitive)?
   • Yes 53%
   • No 47%

81. Are you aware that the Affordable Care Act (ACA) now defines a comprehensive eye exam as an essential benefit, meaning your insurance must cover this expense including glasses for your child(ren)?
   • I was aware 46%
   • I was not aware 54%

CONSUMER / LIFESTYLE QUESTIONS

82. Do you believe in love at first sight?
   • Yes 57%
   • No 43%
83. Do you open your eyes while swimming in a chlorinated pool?
   • Yes 46%
   • No 54%

84. Do you think someone who wears glasses is typically more:
   • Attractive 19%
   • Intelligent 42%
   • Trustworthy 13%
   • Sophisticated 20%
   • Fashionable 13%
   • None of the above 44%