

2015 American Eye-Q® Survey Questions and Responses

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%

- None of the above 7%
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%

- No 84%
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%

- Other 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%