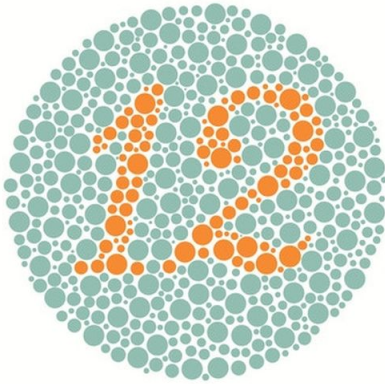


Vision - Questions list

Question 1: Which number do you see?

(This is neither a comprehensive nor an accurate color vision test, due to the fact that there are so many different monitor screens. For a diagnosis, you should see your vision care professional and be given a complete test under controlled conditions.)

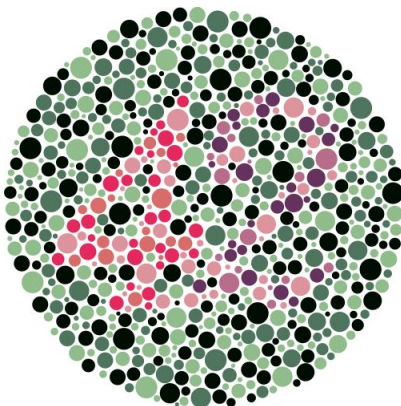


Please
select :

Gender specific: None

Routing rule: None

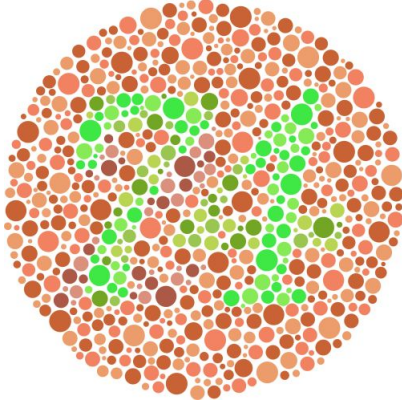
Question 2: Which number do you see?



Please
select :

Gender specific: None
Routing rule: None

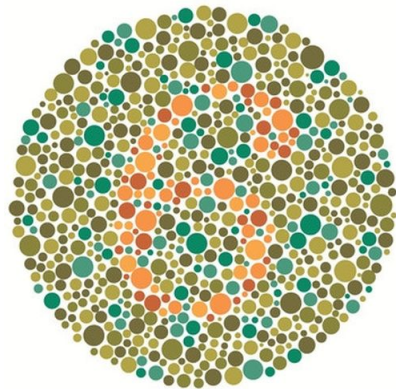
Question 3: Which number do you see?



Please
select :

Gender specific: None
Routing rule: None

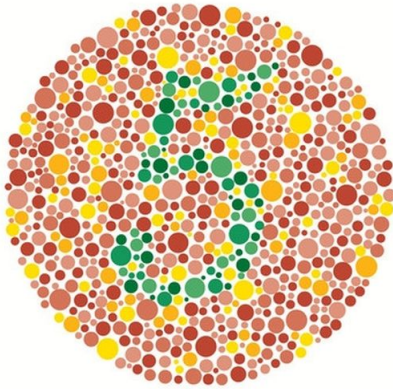
Question 4: Which number do you see?



Please
select :

Gender specific: None
Routing rule: None

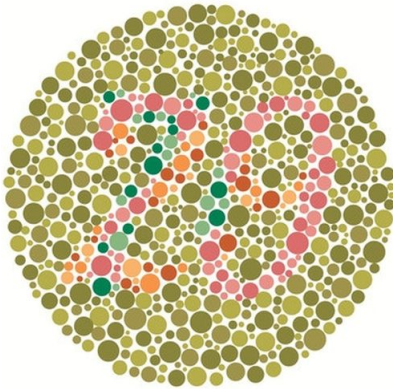
Question 5: Which number do you see?



Please
select :

Gender specific: None
Routing rule: None

Question 6: Which number do you see?



Please
select :

Gender specific: None
Routing rule: None

Question 7: Have you been diagnosed with color blindness?

Yes

No

Gender specific: None

Routing rule: (Yes->8 No->9)

Question 8: Which type of color blindness do you have?

Red/green deficiency

Blue/yellow deficiency

Total color blindness, I do not see colors at all

Gender specific: None

Routing rule: None

Question 9: Do you need visual aids like glasses or contact lenses?

Yes

No

Gender specific: None

Routing rule: (Yes->10 No->11)

Question 10: Which type of visual aids do you use?

Distance glasses

Reading glasses

Bifocals

Multifocals

Distance contact lenses

Reading contact lenses

I do not know

Gender specific: None

Routing rule: None

Question 11: Has a physician ever told you that you had cataracts in either eye?

Yes

No

I do not know

Gender specific: None

Routing rule: None

Question 12: Has a physician ever told you that you had glaucoma, that is, high pressure in the eyes, in either eye?

Yes

No

I do not know

Gender specific: None

Routing rule: (Yes->13 No->14 I do not know->14)

Question 13: Have you ever been treated for glaucoma?

Yes

No

Gender specific: None

Routing rule: None

Question 14: Has a physician ever told you that you had macular degeneration in the back of the eye, damage to the back part of your eye, the retina, or senile macular degeneration?

Yes

No

I do not know

Gender specific: None

Routing rule: None

Question 15: Has a physician ever told you that diabetes has affected blood vessels in your eyes or that you had diabetic retinopathy or diabetic eye disease?

Yes

No

Gender specific: None
Routing rule: (Yes->17 No->16)

Question 16: Do you have diabetes?

- Yes
- No

Gender specific: None
Routing rule: (18)

Question 17: Did you ever have laser treatment or surgery for your diabetic eye disease?

- Yes, laser treatment
- Yes, surgery
- Yes, both
- No
- I do not know

Gender specific: None
Routing rule: None

Question 18: Do you currently have or have you had any other eye conditions?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->19 No->20 I do not know->20)

Question 19: Please tell us the other eye condition you have.

Please specify:

Gender specific: None
Routing rule: None

Question 20: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None

Routing rule: (END)