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 an	y vision problems?
•	Yes	75%
•	No	25%
2.	What are you experiencing? (Multiple responses p	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 visi	on changes?
•	Yes	41%
•	No	59%
4.	What difficulties do you experience? (Multiple res	ponses 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 mo	st 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	2	
J. ●	Yes	53%	
•	No	47%	
		-775	
10.	How old was your child when you purchased his or her those with children under 18 living at home)	first pair of sunglasses? (Asked only of	
•	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%	
SPORT	'S VISION		
11.	When playing contact sports (such as basketball, basek 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 sports?	e same glasses while playing contact	
•	Yes	21%	
•	No	24%	
•	I don't play contact sports	55%	
13.	Have you ever had an eye injury while playing sports?	90/	
•	Yes	8%	
•	No	92%	
14. •	Have you ever had a concussion from playing sports? Yes	10%	
•	No	90%	
-		2070	

CONTACT LENSES

15.	Do you know how long you are supposed to wear yo	ur contact lenses before they should be
	replaced? (For contact lens wearers only)	
•	Yes	93%
•	No	7%
16.	Do you frequently wear disposable contact lenses lo contact lens wearers only)	nger than the suggested duration? (For
•	Yes	59%
•	No	41%
17.	How often do you replace your contact lens case? (Fe	or 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	0,0
	disposable contact lenses)	5%
18. •	What steps do you follow each time you take out you 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 Soak lenses overnight in sufficient	31%
	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? contact lens wearers only)	(Multiple responses permitted) (For
•	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 lens	es?
•	Yes	16%

• Yes 16%	•	Yes	16%	
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•	No	84%
21.	Did you have a prescription from an eye doctor when contacts?	purchasing your decorative/colored
•	Yes	74%
•	No	26%
QUEST	FIONS SPECIFIC TO WOMEN'S EYE HEALTH ISSUES (asked	d 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 pregna	
•	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%
TECHN	NOLOGY-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%
		40/

Does your workplace have a "bring your own device" program?

•

28.

Other

1%

 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 1/2 hours 2 - 3 hours 11% 3 - 4 hours 2 - 7 hours 5% 2 - 3 hours 11% 3 - 4 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 S8% 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 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 81% 			
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 Work Shopping 18% 14% 	•	False	24%
• Shopping 14%	35.		
	•		
Entertainment (such as reading, watching	•		14%
	•	Entertainment (such as reading, watching	
shows/movies or playing video games) 56%			
Navigation 6%	•	-	
• Photography 3%	•	Photography	3%

• Other

3%

GENERAL QUESTIONS

36.	Have you skipped any doctor visits within the past yea	r because of budgetary concerns?
•	Yes	29%
•	No	71%
37.	In terms of scheduling regular/yearly appointments wi important?	ith doctors, which of the following is most
•	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	g?
•	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 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 a	pp to examine or diagnose eye issues?
•	Yes	25%
•	No	75%
41.	Have you ever used a mobile app to self-diagnose an e	eye or vision issue?
•	Yes	4%
•	No	96%
42.	Did you visit an eye doctor to confirm the diagnosis, or	r to receive follow-up treatment?
•	Yes	98%
•	No	2%
43.	Which food is best for your eye health?	
•	Carrots	48%

 Broccoli 2% Spinach 2% Apples 0% All equally good 49% All equally good 49% Have you ever purchased prescription eyeglasses online? Yes 9% No 9115 Were you satisfied with your online eyeglass purchase? Yes 9115 Were 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% Have you ever purchased contact lenses on the Internet? Yes 88% No 85% Did you have a prescription from an eye doctor when purchasing your corrective lenses online? Yes 88% No 29% Do you experience dry eye? Yes 84% Burry vision 40% Have you ever princed any of the following dry eye symptoms? (Multiple responses permitted) Irritated eyes/gritty feeling 41% Redness 35% Burry vision 40% Water you suffer from seasonal eye allergies? Yes 42% No 26% Do you suffer from seasonal eye allergies? Yes 42% No 			
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 Sharp eye pain None of the above 51. Do you suffer from seasonal eye allergies? Yes No 58% 	•	Blurry vision	40%
 Sharp eye pain None of the above 51. Do you suffer from seasonal eye allergies? Yes No 58% 	•	Watering	38%
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• No 58%	51.		4.70/
	•		
FO	•	NO	58%
	F 2	the second se	

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	e care.
•	True	69%
•	False	31%

DIABETES

60. •	Have you or someone you know had diabetes detected Yes No	through a comprehensive eye exam? 8% 92%
61.	True or False: Diabetic eye diseases often have no visua	al signs or symptoms.
•	True	38%
•	False	62%
62.	True or false: Diabetes is the leading cause of preventa	ble blindness in adults.
•	True	81%
•	False	19%
63.	True or false: People with diabetes are at a higher risk of	of developing cataracts
•	True	81%
•	False	19%
INFAN	TS/CHILDREN	
64.	Do you have any children under 18 living at home who eyeglasses?	currently wear contact lenses or
•	Yes	51%
•	No	49%
65.	Was his/her vision problem identified during a routine eluded a vision problem was present?	exam or were there other symptoms that
•	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 in	nfant? (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 com	probancive eve evem each year?
•	Yes	65%
•	No	35%
		3370
70.	Has your child ever expressed a desire to wear non-pre	escription eyeglasses?
•	Yes	21%
•	No	79%
-4		
71.	Does your child's (or children's) school district have a "	
•	Yes	16%
•	No Don't know	60%
•	Don t know	24%
72.	What types of books does your child(ren) use to schoo	l?
•	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 scho	ol 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 smar	•
•	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 mp3 player or mobile device/smartphone to view cont		
•	30 minutes or less	15%	
•	1 - 2 hours	36%	
•	3 - 4 hours	28%	
•	5 - 6 hours	9%	
•	7 or more	4%	
		8%	
•	Does not use on a daily basis	870	
77.	How concerned are you that your child(ren) may dama computers/hand-held electronic devices?	ge their eyes due to prolonged use of	
•	Extremely concerned	18%	
•	Very concerned	31%	
•	Somewhat concerned	33%	
•	Not very concerned	13%	
•	Not at all concerned	6%	
		0/0	
78.	When should a child first have a comprehensive eye ex		
•	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 so of public health screenings) are an effective way to det True False		
80.	Do you always make sure that your child wears eye pro recreational or competitive)?	otection when playing sports (either	
•	Yes	53%	
•	No	47%	
81.	Are you aware that the Affordable Care Act (ACA) now essential benefit, meaning your insurance must cover the child(ren)?		
•	l was aware	46%	
•	l was not aware	54%	
CONSUMER / LIFESTYLE QUESTIONS			
82.	Do you believe in love at first sight?		
•	Yes	57%	
•	No	43%	
		1070	

83.	Do you open your eyes while swimming in a chlorinated	pool?
•	Yes	46%

	100		10/0
•	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%