

Frame number:

Frame description:

- 1) How did you find the appearance of the glasses?
 - i. Good
 - ii. Satisfactory
 - iii. Poor

- 2) How did you find the fit and comfort of the frame?
 - i. Good
 - ii. Satisfactory
 - iii. Poor

- 3) Did you find your distance vision through your lenses to be....?
 - i. Good
 - ii. Satisfactory
 - iii. Poor

- 4) Did you find your near vision through your lenses to be....?
 - i. Good
 - ii. Satisfactory
 - iii. Poor

- 5) Did you experience any of these difficulties when wearing the spectacles? Please circle.
 - i. Headaches
 - ii. Eyestrain
 - iii. Double/multiple images
 - iv. Difficulty judging distance/poor depth perception
 - v. Distortion
 - vi. Focusing difficulties
 - vii. Hazy vision
 - viii. Blurred vision
 - ix. Fluctuating vision
 - x. Starbursts
 - xi. Haloes
 - xii. Glare
 - xiii. Other (please explain)....

- 6) Did you find the glasses acceptable (please consider comfort, appearance, vision)?
 - i. yes
 - ii. no

- 7) Did you feel in any way unsafe in these glasses? (Please explain)
 - i. yes
 - ii. no

Questionnaire 2

Patient ref:

1. Please rank your spectacles from best (1) to worst (10). You may group several pairs together if you did not find them to be different.

Rank	Spectacle code	Frame description
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

2. Please comment on your experience of purchasing the spectacles from each of the online retailers and high street¹ practices.
N.B. If you made notes at the time of purchase, please attach a copy if this is easier.

(please continue overleaf)

3. Which method of purchasing spectacles did you prefer?

- i. Online
- ii. High street*

4. Based on your experience from this study where do you think you will purchase your next pair of spectacles from?

- i. Online
- ii. High street*

¹* “High street” is a UK term which in this context refers to Optometry practices