

Take our quick Vision / Sight Test

These few questions will give us an insight into your eye sight and vision condition. Please submit your answers and one of the Eyes InDesign team will contact you shortly.

Do you currently wear glasses or contact lenses? Yes ☐ No ☐

If yes, are you comfortable with your current solution? Yes ☐ No ☐

If No? What is wrong?

Do you find that you get regular headaches? Yes ☐ No ☐

If Yes? Is there a pattern to when these headaches occur? Yes ☐ No ☐

Is your vision blurry when you look into the distance? Yes ☐ No ☐

Is your vision blurry when you look at things close to you? Yes ☐ No ☐

Do you get double vision? Yes ☐ No ☐

Do your eyes feel tired or hurt? Yes ☐ No ☐

Do words run together when you are reading? Yes ☐ No ☐

If you work or spend time on a computer, how many hours do you think you are looking at the computer screen?

With any of your hobbies or activities, does your eye sight cause you problems? Yes ☐ No ☐

If Yes? Describe the activity and how it is affected

Have you ever seen a behavioural optometrist before? Yes ☐ No ☐

If Yes? What did they say?

Is there any further concerns you have regarding your eyes? Yes ☐ No ☐

Submit Form