

Adaptation & Performance Questionnaire

Child's Name: _____

DOB: _____

Once your child has worn MiYOSMART lenses for two weeks, please complete this Adaptation & Performance Questionnaire.

Please bring the completed questionnaire with you to the follow up appointment (this is normally a quick appointment to check the fitting of the specs, about two weeks after collection).

Section 1.

Please rate the performance of your child's new spectacles by selecting from one of the options below.

		Poor	Acceptable	Fair	Good	Excellent
1	Vision clarity at distance	1	2	3	4	5
2	Vision clarity at intermediate distance (e.g., computer, watchingTV)	1	2	3	4	5
3	Vision clarity for near tasks (e.g., reading, using smartphone)	1	2	3	4	5
4	Vision stability	1	2	3	4	5
5	Vision comfort	1	2	3	4	5
6	Vision during outdoor activities	1	2	3	4	5
7	Easiness of lens adaptation	1	2	3	4	5
8	Overall performance	1	2	3	4	5

Once you have completed Section 1, **if any of the following statements below are true**, please go on and complete Section 2.

1. You have rated overall performance as 1 or 2 for question 8.
2. Your total ratings add up to less than 16.
3. You have answered any question with a rating of 1.

Part 2.

Does your child experience any of the following symptoms while wearing their spectacles?

		Never	Seldom	Sometimes	Often	Always
1	Difficulty or slowness when refocusing your eyes from one distance to other					
2	Blurred vision					
3	Double vision					
4	Dizziness					
S	Headache					

Other comments:

Date questionnaire completed: _____

Parent's/Guardian's name: _____