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.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Spectacle code</th>
<th>Frame description</th>
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<tbody>
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</tbody>
</table>

2. Please comment on your experience of purchasing the spectacles from each of the online retailers and high street 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*

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