

## ENTRY FORM FOR 'POWERING THE EYES' PROGRAM

1. Name: \_\_\_\_\_

2. Name like to be called: \_\_\_\_\_

2. Age: \_\_\_\_\_ 3. Qualification: \_\_\_\_\_

4. Occupation: \_\_\_\_\_

5. Phone number: \_\_\_\_\_

6. Address: \_\_\_\_\_

\_\_\_\_\_

7. Which programs you have completed in PLE: \_\_\_\_\_

\_\_\_\_\_

8. Are you using eye glasses or contacts at present (tick which is applicable):

yes ☐ no ☐

9. If no to 8, what is your eye condition? and why you are attending this program. write briefly what is your intention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. If yes to 8 answer the following: from 11-24

11. Do you at present have any of these refractive issiess (tick that is applicable):

short- sightedness ☐ long sightedness ☐ bifocal ☐

astigmatism ☐

12 Write the present prescription: \_\_\_\_\_

13. When this issue was idetified? \_\_\_\_\_

14. What was the prescription at the beginning? \_\_\_\_\_

15. Approximately how many hours a day do you use your glasses/contacts? \_\_\_\_\_

16. Can you manage without glasses? YES ☐ NO ☐

17. Excluding glasses, have you had any medical treatment for your eyes (i.e., surgery or drugs)?  
If so, describe.

\_\_\_\_\_

\_\_\_\_\_

18. Three things I like most about using glasses/contacts are:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

19. Three things I like least about using glasses/contacts are:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

20. Five activities that I regularly do without glasses/contacts (besides sleeping and bathing) are

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

21. Five activities I cannot or will not do without my glasses/contacts are:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

22. When I take my glasses/contacts off I feel

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

23. Three feelings I most closely associate with needing glasses/contacts are

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

24. Three feelings I most closely associate with not being able to see the world clearly are

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

25. Three positive feelings I would express more abundantly if my vision was clearer are

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

26. . My three worst memories are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

27. My three fondest memories are:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

28. I see the way that I do because

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29. Three secret fears that I have about my vision are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

30. Three major reasons I have for using The Program are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

31. What would you like to achieve during the 8 weeks of THE FIRST STAGE?

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32. Something else that I want to say about my vision is:

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I understand that this program does not guarantee for removing any of the diseases of the eyes. I also understand that this program is only educational and may improve my eye-health and mind clarity. I am willing to participate in the program on my own choice.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature: \_\_\_\_\_

