Results

Survey 433945

Number of records in this query:	971
Total records in survey:	971
Percentage of total:	100.00%

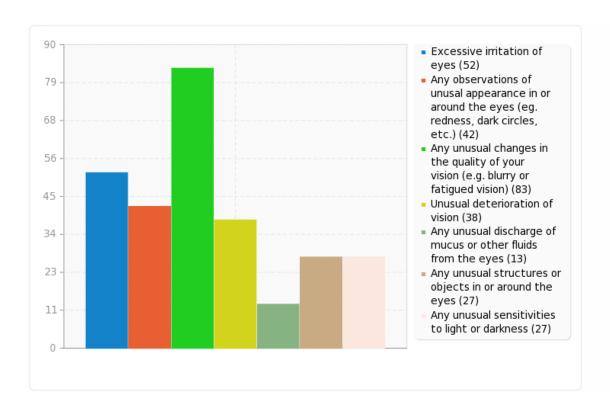
Field summary for EyesRanking [1]

Do you have any of the following symptoms? Only move the symptoms that you are experiencing. Items can be reordered or moved around as needed.[Ranking 1]

Answer	Count	Percentage
Excessive irritation of eyes (1)	52	18.44%
Any observations of unusal appearance in or around the eyes (eg. redness, dark circles, etc.) (2)	42	14.89%
Any unusual changes in the quality of your vision (e.g. blurry or fatigued vision) (3)	83	29.43%
Unusual deterioration of vision (4)	38	13.48%
Any unusual discharge of mucus or other fluids from the eyes (5)	13	4.61%
Any unusual structures or objects in or around the eyes (6)	27	9.57%
Any unusual sensitivities to light or darkness (7)	27	9.57%

Field summary for EyesRanking [1]

Do you have any of the following symptoms? Only move the symptoms that you are experiencing. Items can be reordered or moved around as needed.[Ranking 1]



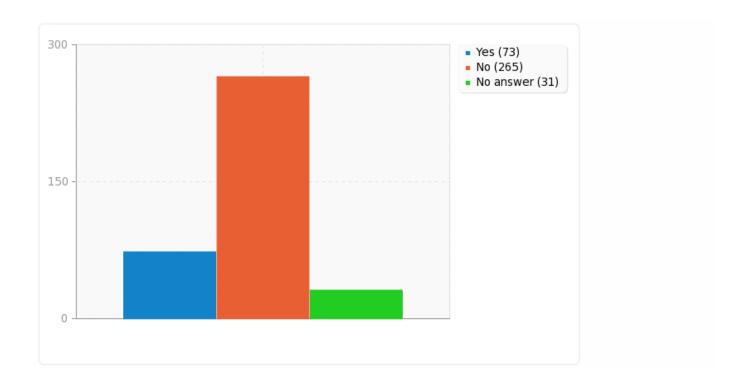
Field summary for EyesConditions

Do you have any known, identified, or diagnosed conditions involving the eyes?

Answer	Count	Percentage
Yes (Y)	73	19.78%
No (N)	265	71.82%
No answer	31	8.40%

Field summary for EyesConditions

Do you have any known, identified, or diagnosed conditions involving the eyes?



Field summary for EyesTreatment

Have you ever been treated by anyone for any of the listed symptoms?

Answer	Count	Percentage
Yes (Y)	61	16.53%
No (N)	271	73.44%
No answer	37	10.03%

Field summary for EyesTreatment

Have you ever been treated by anyone for any of the listed symptoms?

