

See Clearly Method™

Patent Pending

A New Program of Eye Exercises
from Vision Improvement Technologies

Daily Progress Journal

Your Day-by-Day Record of Accomplishment



By:

Dr. Merrill J. Allen, O.D., Ph.D.

Dr. Francis A. Young, Ph.D.

Dr. David W. Muris, O.D.



www.seeclearlymethod.com

The See Clearly Method™: A New Program of Eye Exercises from Vision Improvement Technologies

Patent Pending

Copyright © 2002 by Vision Improvement Technologies, LLC. See Clearly Method and See Clearly Method Training Kit are trademarks of Vision Improvement Technologies, LLC.

The See Clearly Method™ is protected by international copyright laws and no part may be reproduced by any means, including photocopying, mechanical, electronic, or otherwise; or transmitted in any form; or stored in a retrieval system; without the prior written consent of the Vision Improvement Technologies, LLC. All rights reserved.

NOTICE TO READERS

The See Clearly Method™ is an educational tool that teaches the user how to see more clearly, comfortably, and efficiently. It is not a medical or assistive device, nor is it a substitute for diagnosis or treatment by an optometrist or ophthalmologist. The views expressed in this Instruction Manual and elsewhere in the See Clearly Method training materials represent the opinions of the authors. All techniques recommended in the See Clearly Method are considered to be completely safe, but should not be used without first consulting an optometrist or ophthalmologist to determine if any eye disease or other condition requiring specialized treatment is present.

By making use of the contents of the See Clearly Method training kit, the user agrees that it is his or her sole responsibility to determine the suitability of the See Clearly Method for his or her intended purpose, and assumes all risks and liabilities resulting from application of the techniques and recommendations, including any and all claims for direct or consequential damages.

CAUTION: The See Clearly Method includes various eye exercises and the use of an eye patch; it also advocates "progressive undercorrection," that is, the use of a weaker prescription producing slightly blurred vision in order to strengthen the eyes. Use an eye patch or undercorrected prescription only when reading, watching television, or doing other safe activities. **Do not use an eye patch or do eye exercises, or use an undercorrected prescription while driving a motor vehicle, using power tools, going up or down stairs, or engaging in any other potentially dangerous activity or any other activity that requires depth perception or clear vision.** Whenever weaker lenses are used, they should provide at least 20/40 acuity in each eye. Do not use a weaker prescription unless your eye doctor confirms that you can see well enough to do so safely. Do not touch the eyes or the region surrounding the eyes with long or sharp fingernails, and do not use excessively hot water for hydrotherapy.

Likewise, since the See Clearly Method is intended to improve vision, you should take precautions from time to time to ensure that your glasses or contacts are still suitable for driving, using power tools, going up or down stairs, or engaging in any other potentially dangerous activity that requires clear vision.

The See Clearly Method is designed to improve nearsightedness, farsightedness, presbyopia, astigmatism, and eyestrain. Under no circumstances should it be used as a substitute for the medical treatment of serious eye disease such as cataract, macular or retinal degeneration, or glaucoma. If you suffer from one of these conditions or any other eye disease, you should use the See Clearly Method only under the supervision of an optometrist or ophthalmologist.

See Clearly Method™

Daily Progress Journal

Contents

How to Use the Daily Progress Journal	7
Setting Your Goals	7
Your Vision Improvement Goals	11
Tracking Your Progress	13
Exercise Progress Reports, Weeks 1-12	17
Additional Exercise Progress Reports	35

A SUGGESTION FROM THE SEE CLEARLY METHOD DOCTORS

The results that you achieve with the See Clearly Method can be directly related to the amount of time you devote to the exercises. The more time you spend practicing the See Clearly Method and incorporating it into your lifestyle, the greater your chances for success. At the same time, you should begin and proceed at a comfortable pace for yourself. Determine how much time you can make available for doing the exercises and what pace is comfortable. (See page 42-44 of the Instruction Manual for flexible time options.) For maximum results, we encourage you to follow the program as it is described in the Instruction Manual and the Daily Progress Journal.

How to Use the Daily Progress Journal

The Daily Progress Journal makes it easy for you to keep a written record of your progress with the See Clearly Method. Keeping track of your progress will prevent you from getting discouraged and losing sight of your vision improvement goals. Tracking your successes daily will help you stay inspired and motivated.

To increase your motivation and maximize your results, we recommend that you:

1. Set your goals.
2. Track your progress (see page 13).

If you follow the instructions below, you should find it easy to set your goals and track your progress. However, if you have questions or need help, please call a See Clearly Method consultant at 877-232-3598.

Setting Your Goals – It's Easy!

Gaining maximum benefit from the See Clearly Method depends on understanding the current condition of your eyes and then setting realistic goals. Each person's vision is different. As a result, everyone's vision improvement goals will be different.

It's important to set goals that make sense for you. These should include realistic short, medium, and long-term goals.

What's Your Current Vision Condition?

The first step to setting realistic goals is to know what your current vision condition is. Answering these simple questions will help:

- Do you wear glasses or contacts? Reading glasses?
- If so, for how many years have you been wearing them?

- How often each day, and for what activities, do you wear them?
- Do you have difficulty seeing objects up close or at a distance?
- Do you experience computer-related eyestrain, i.e., headaches, tired or sore eyes, etc., after working on the computer?

What Can You Expect to Accomplish?

Your level and rate of visual improvement with the program will depend on a variety of factors, including your current vision condition, lifestyle, general state of health, stress level, and diet, as well as your motivation and diligence in practicing the different components of the See Clearly Method.

Based on these factors, the See Clearly Method could help you:

1. Get out of your glasses or contacts, which is a reasonable expectation for many people.
2. Reduce your dependency on glasses or contacts, so you don't have to wear them so much.
3. If your vision is getting worse, stabilize it so you don't have to keep getting stronger prescriptions every year or two.
4. If your vision is just starting to get worse, avoid getting glasses or contacts.

Which goals you choose depends on what is realistic for your situation. For instance, if you have been wearing glasses or contacts for many years and your vision is very weak, it's not realistic to get out of your glasses in a month.

Here are some examples of possible goals for common vision conditions. Each individual case is different – two people with the same condition may have different goals – so the following are general guidelines that may help you set your own goals:

VISION CONDITION	POSSIBLE GOAL(S)
Eyestrain (e.g., computer-related) or vision-related headaches	Eliminate problem, see more comfortably
Vision deteriorating but not yet wearing “corrective” lenses	Return to normal vision, avoid needing “corrective” lenses
Wearing “corrective” lenses, vision is deteriorating, need a stronger prescription	Stop deterioration, thereby avoiding the need for stronger prescriptions
Wearing weak “corrective” lenses	Return to normal or near-normal vision, eliminate “corrective” lenses
Wearing bifocals	Return to single vision glasses
Wearing medium-to-strong “corrective” lenses	Stabilize vision, avoid stronger prescriptions See well with weaker prescriptions Reduce dependency on “corrective” lenses, use only part-time Eventually return to normal or near-normal vision, eliminate “corrective” lenses

We recommend setting multi-level goals. Begin with the easiest goals first. Then, as you gain experience with the See Clearly Method, aim for higher goals.

For example, if your vision is getting worse, your first goal might be to stabilize your vision and avoid a stronger prescription. Your next goal could be to reduce your dependency on glasses. Then once you achieve that goal, you can set a goal to return to normal or near-normal vision and eliminate corrective lenses.

Here's another example: if you suffer from eyestrain, set a goal to get rid of it before trying to accomplish anything else. Likewise, if your vision is getting worse and you feel the need for a stronger prescription, set a goal to stabilize your vision so you see well with your current prescription before trying to reduce your prescription.

How Long Will it Take To See Results?

Again, everyone is different. Some people see significant results within the first month if they follow the See Clearly Method as directed. Other people notice improvement within the first week, and still others within a few days. However, it may take longer to achieve all of your vision improvement goals. In all cases, the main thing is to be consistent and gently persevere.

Now go to the next page and determine your goals.

Vision Improvement Goals

Name: _____ Date: _____

Instructions: Read the previous section “Setting Your Goals,” then list your major vision improvement goals below. We’ve listed possible goals, and left space for you to add other goals. Check the boxes for the goals you would like to achieve. Then, when you achieve a goal, record the date in the right-hand column.

DATE ACHIEVED

- | | |
|--|-------|
| <input type="checkbox"/> Better distance vision without “corrective” lenses | _____ |
| <input type="checkbox"/> Better near vision without “corrective” lenses | _____ |
| <input type="checkbox"/> Reduce time spent wearing “corrective” lenses | _____ |
| <input type="checkbox"/> Prevent vision from getting worse & avoid a stronger prescription | _____ |
| <input type="checkbox"/> Avoid getting “corrective” lenses | _____ |
| <input type="checkbox"/> Reduce eyestrain and/or dry, aching eyes | _____ |
| <input type="checkbox"/> Eliminate computer-related headaches | _____ |
| <input type="checkbox"/> Become less sensitive to bright light | _____ |
| <input type="checkbox"/> See better with current prescription | _____ |
| <input type="checkbox"/> See better with weaker prescription | _____ |
| <input type="checkbox"/> Go from bifocals to single-vision glasses | _____ |
| <input type="checkbox"/> Improve coordination of eyes | _____ |
| <input type="checkbox"/> Read faster | _____ |
| <input type="checkbox"/> Understand more of what I read | _____ |
| <input type="checkbox"/> _____ | _____ |

Tracking Your Progress

Keep track of your weekly See Clearly Method activities and improvement using that week's Progress Report. It's easy and will help keep you inspired and motivated. The Progress Reports start on page 17.

There are four steps to tracking your weekly progress:

1. Define your goals for the week in the space provided.
2. Check the boxes for the activities you completed each day.
3. Record any changes you notice in your vision in the "Vision Diary" section at the bottom of the page.
4. At the beginning of each week, measure and record your current vision.

Measuring Your Current Vision

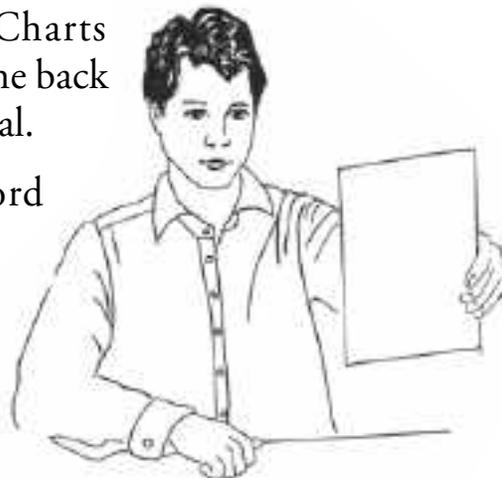
You can measure your current vision in two ways:

1. Word Chart Measurement
2. Blur Zone Measurement

We have explained how to do these measurements below.

1. Word Chart Measurement

1. Tear out the Word Charts (Charts 3 and 4) from the back of the Instruction Manual.
2. Hold one of the Word Charts at arm's length.
3. Find the smallest row that you can read and record the row number in the appropriate Weekly



Progress Report. If you can read the Word Chart all the way to the top, select a smaller Word Chart or put it further away from you.

4. Repeat this process at the beginning of each week. Remembering to hold the chart at the same distance and in similar lighting each time.

If you are progressing up the Word Chart, this is another indication that your vision is improving.

Note: If it is easier, you can put the Word Chart on the wall, mark a spot on the floor, and every week note the smallest row that you can read from that spot.

2. Blur Zone Measurement (optional)

Your "blur zone" is the area of your vision where things become fuzzy and unclear.

To measure your blur zone, you'll need 2 items:

- The Word Charts (Charts 3 and 4) from the back of the Instruction Manual.
- A tape measure.

If you are nearsighted (have difficulty seeing things far away):

1. Attach one of the Word Charts to a wall at eye level.
2. Standing in front of the Word Chart, choose a row of words that you can read, and back up slowly.
3. As soon as that row begins to get blurry, stop and measure the distance from your foot to the wall.
4. Record that distance and the row number in the appropriate Weekly Progress Report.
5. Repeat the above process at the beginning of each week using the same row.

If the distance between you and the chart increases from week to week, this is an indication that your vision is improving.



If you are farsighted (have difficulty seeing close up):

1. Attach one of the Word Charts to a wall at eye level.
2. Standing in front of the Word Chart, choose a row of words from the chart and back up slowly.
3. When that row becomes clear, stop and measure the distance from your foot to the wall.
4. Record that distance and the row number in the appropriate Weekly Progress Report.
5. Repeat this process at the beginning of each week using the same row.

If the distance between you and the chart decreases, this is an indication that your vision is improving.

Note: If you are both nearsighted and farsighted, measure the blur zone for each. If you have a high level of astigmatism or farsightedness, your vision may be blurry at all distances. Therefore, you may have difficulty measuring your blur zone. For now, do only the Word Chart until your vision improves.

EXERCISE
PROGRESS REPORTS
WEEKS 1 - 12

Week One Recommendations:

What you'll be doing.

- Using Exercise Progress Report, Week 1 (facing page), check the activities you complete each day and write down any changes you notice in your vision.
- Do part or all of Exercise Session 1 (video, audio, or CD ROM) once a day. Don't move ahead to the other sessions.
- Make the exercises and techniques in Exercise Session 1 the focus of your first week. Practice them throughout the day until they are fully integrated into your lifestyle and are totally automatic.

Advice for Week One.

- The most important thing is to concentrate on mastering the exercises and making them a daily habit.
- You may be pleasantly surprised by some immediate improvements during the first week. But if not, don't be discouraged. You'll probably experience your most significant results after about three or four weeks of practice.
- You may experience some soreness in your eyes. This is nothing to be concerned about – when you begin any exercise program and you are working a part of the body in new ways, it is normal to feel sore.
- Be aware that in some cases, your sight may become slightly worse during the first week. If this happens there is nothing to be alarmed about, often this is a sign that changes are occurring. Your eyes will readjust in a few days.
- Minimize your use of glasses and contacts, or start wearing a weaker prescription, when it is safe to do so (see page 60 of the Instruction Manual).



SAFETY REMINDER: *Do not remove glasses or contacts or do eye exercises while driving a motor vehicle, using power tools, going up or down stairs, or engaging in any other potentially dangerous activity or any other activity that requires clear eyesight.*

Exercise Progress Report, Week 1

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Watch Overview Video	<input type="checkbox"/>						
Set Vision Improvement Goals (page 7)	<input type="checkbox"/>						
Measure Current Vision (page 13)	<input type="checkbox"/>						
Do Exercise Session 1	<input type="checkbox"/>						
Read Written Exercise Instructions	<input type="checkbox"/>						
Determine What to Do Each Day (page 42 of Instruction Manual)	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Week Two Recommendations:

What you'll be doing.

- Do Exercise Session 2 (video, audio, or CD ROM) once a day. Don't move ahead to the other sessions.
- Practice your New Visual Habits (see page 45 of the Instruction Manual) throughout the day.
- Using Exercise Progress Report, Week 2 (facing page), check the activities you complete each day and write down any changes you notice in your vision.

Advice for Week Two.

- Continue working with each of the exercises and making them a daily habit.
- Again, don't be discouraged if results aren't immediate.
- Continue to minimize your use of glasses and contacts, or continue wearing a weaker prescription, when it is safe to do so. (See Safety Reminder, page 18.)

Exercise Progress Report, Week 2

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session 2	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Week Three Recommendations:

What you'll be doing.

- Do Exercise Session 3 (video, audio, or CD ROM) once a day. Don't move ahead to Exercise Session 4.
- Practice your New Visual Habits throughout the day.
- Using Exercise Progress Report, Week 3 (facing page), check the activities you complete each day and write down any changes you notice in your vision.

Advice for Week Three.

- Continue working with each of the exercises and make them a daily habit.
- Don't be discouraged if you don't notice changes yet. Remember that for many people it takes about 3 weeks before they notice improvement in their sight.
- Discipline yourself to do the exercises even if you don't feel like it. Doing the activities when you are tired may require added attention and concentration. This can often set the stage for quicker changes.
- If you get tired of the background music on the Exercise Video, you can mute the TV/VCR and use your own music instead.
- If you have time, do more than one Exercise Session or additional exercises at the end of a session. This is known as the "Potentiation Effect," which is the ability to gain more results than expected by increasing the amount of exercise. For example, if you do two exercise sessions per day, you could get about three times the benefit of doing just one exercise session per day. Or after you complete a session, do Pumping, Tromboning, Palming, or Light Therapy for 10 to 15 minutes without stopping. Note that doing too much exercise can cause difficulties as well. You will find the optimal amount for yourself. Once you do, don't push beyond this amount.
- Continue to minimize your use of glasses and contacts, or continue wearing a weaker prescription, when it is safe to do so. (See Safety Reminder, page 18.)

Exercise Progress Report, Week 3

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session 3	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Week Four Recommendations:

What you'll be doing.

- Do Exercise Session 4 (video, audio, or CD ROM) at least once a day.
- Practice your New Visual Habits throughout the day.
- Using Exercise Progress Report, Week 4 (facing page), check the activities you complete each day and write down any changes you notice in your vision.

Advice for Week Four.

- Continue working with each of the exercises and make them a daily habit.
- Most people notice significant changes between Weeks 3 and 8. Watch for this and make a note of it in your Weekly Progress Report. Don't be discouraged if your progress doesn't follow this pattern.
- Be committed to doing the exercises daily even if you don't feel like it. Remember, consistency is the key.
- Continue to use the Potentiation Effect (page 22).
- Continue to minimize your use of glasses and contacts, or continue wearing a weaker prescription, when it is safe to do so. (See Safety Reminder, page 18.)

Exercise Progress Report, Week 4

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session 4	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Recommendations for Week Five and Beyond:

What you'll be doing.

- If you haven't achieved your vision improvement goals yet, practice the Exercise Sessions in whatever order you like. For example, you can do Session 1 for a week then Session 2 the next week, and so on. Or you can do a 1, 2, 3, 4 sequence, going through the sessions one after another.
- Practice your New Visual Habits throughout the day.
- Using the Exercise Progress Report for appropriate weeks, check the activities you complete each day and write down any changes you notice in your vision.

Advice for Weeks 5 to 12.

- Continue to do exercises as a daily habit and avoid the temptation to skip days. Develop a comfortable routine that you can live with.
- Work with the Potentiation Effect (page 22). Try to identify which exercises are giving you the best results, and do more of those exercises.
- It is normal during this period to reach a plateau or experience a slower rate of improvement. Keep going. Remember that you are stabilizing your improvement and that by steadily persevering, you can experience additional cycles of improvement.
- Continue to minimize your use of glasses and contacts, or continue wearing a weaker prescription, when it is safe to do so. (See Safety Reminder, page 18.)

Exercise Progress Report, Week 7

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report, Week 9

GOALS FOR THE WEEK:

	DAY NUMBER						
ACTIVITY	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report, Week 11

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Additional Exercise Progress Reports

Instructions: Use these forms to record progress beyond week 12, if you wish to continue keeping track of your achievements.

Exercise Progress Report

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

	DAY NUMBER						
ACTIVITY	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

DAY NUMBER

ACTIVITY	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

	DAY NUMBER						
ACTIVITY	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

ACTIVITY	DAY NUMBER						
	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!

Exercise Progress Report

GOALS FOR THE WEEK:

	DAY NUMBER						
ACTIVITY	1	2	3	4	5	6	7
Do Exercise Session	<input type="checkbox"/>						
Practice New Visual Habits	<input type="checkbox"/>						

VISION DIARY

Record the following:

Word Chart Measurement: _____

Blur Zone Measurement (*optional*): _____

(See page 13 for instructions on how to take these measurements.)

Also, comment on any changes you notice in your vision:

GENTLY PERSEVERE AND YOU SHALL SUCCEED!