

# Contact Lens Experience

Please answer these questions to help us ensure you are getting the most out of your contact lens wearing experience



Name \_\_\_\_\_

1a) In a normal week how many days would you wear your contact lenses?

Days \_\_\_\_\_

b) On a normal day what time would you apply and remove your contact lenses?

Application \_\_\_\_\_ : \_\_\_\_\_ am/pm (delete as appropriate)

Removal \_\_\_\_\_ : \_\_\_\_\_ am/pm (delete as appropriate)

c) What time did you apply your contact lenses today?

\_\_\_\_\_ : \_\_\_\_\_ am/pm (delete as appropriate)

2. For the next questions please rate how strongly you agree with the statements

(1= Strongly disagree 3 = Neither agree or disagree 5= Strongly agree)

a) My lenses are comfortable on insertion	1	2	3	4	5
b) My lenses are comfortable at the end of the day	1	2	3	4	5
c) My vision is very good in my contact lenses	1	2	3	4	5
d) My vision is very good in my contact lenses at the end of the day	1	2	3	4	5

3. For the next questions please rate how strongly you agree with the statements, if you score 1 or 2 please elaborate

a) I never have any problems handling my contact lenses	1	2	3	4	5
b) I never have to remove my contact lenses earlier than I would like to	1	2	3	4	5

4. For those wearing reusable lenses

a) I am confident cleaning my contact lenses	1	2	3	4	5
b) I am never left with any excess lens solution	1	2	3	4	5
c) My lenses never become less comfortable the more days I wear them	1	2	3	4	5

5. How often do you clean your contact lens case?

6. How often do you replace your contact lens case?

7. Which solution do you use to clean your contact lenses?

8. How old are your current lenses?

Weeks \_\_\_\_\_ Days \_\_\_\_\_

