

CONTACT LENS WEARER FITTING VISIT QUESTIONNAIRE

Date: _____

Age: _____ years

Gender: Female Male

Do you currently wear contact lenses? (If no, please do not enroll in this program)

Yes No

Current Lens Brand: (if known, feel free to ask office staff to help you identify correctly)

- | | |
|---|--|
| <input type="checkbox"/> Acuvue [^] (Acuvue, Acuvue 2) [^] | <input type="checkbox"/> Biomedics [^] 1-Day |
| <input type="checkbox"/> Acuvue [^] Advance [^] | <input type="checkbox"/> CibaSoft [®] |
| <input type="checkbox"/> Acuvue [^] Oasys [^] | <input type="checkbox"/> DAILIES [®] AquaComfort Plus [®] |
| <input type="checkbox"/> 1-Day Acuvue [^] MOIST [^] | <input type="checkbox"/> FOCUS [®] DAILIES [®] |
| <input type="checkbox"/> 1-DAY Acuvue [^] TruEye [^] | <input type="checkbox"/> Proclear [^] |
| <input type="checkbox"/> AIR OPTIX [®] AQUA | <input type="checkbox"/> Proclear [^] 1-Day |
| <input type="checkbox"/> AIR OPTIX [®] NIGHT & DAY [®] AQUA | <input type="checkbox"/> PureVision [^] , PureVision 2 [^] |
| <input type="checkbox"/> Avaira [^] | <input type="checkbox"/> Soflens [^] 66 |
| <input type="checkbox"/> Biofinity [^] | <input type="checkbox"/> Soflens [^] Daily Disposable |
| <input type="checkbox"/> Biomedics [^] 38 or 55 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> BioTrue [^] ONEDAY | |

For contact lens wearer to complete at initial visit:

For each question, please check the box that best describes your lens wearing experience over the last 2 weeks with your current contact lenses

- A. Did you experience dryness and/or discomfort while wearing your current contact lenses?
 Yes No Undecided
- B. How often did you use rewetting drops with your current lenses?
 Less than 1 time per day 1-3x per day 4-6x per day More than 6x per day

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I can comfortably wear my lenses all day long:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My lenses feel moist from insertion to removal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My lenses feel like new:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My lenses feel dry at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My vision is clear at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. While wearing my contact lenses I sometimes forget I have them on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My lenses feel comfortable at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>