Dear Doctor,

We are students from the University of California, Berkeley School of Optometry working on our OD project. The goal of our research is to evaluate the use of different contact lens modalities for presbyopes. We are asking for a few minutes of your time to complete this short survey. Please be assured that your name will not be used in any publication; we will only be looking at your responses. Thank you in advance for completing and returning this survey.

**Background Information**
1. From which optometry school did you graduate? What year did you graduate?
   School ___________________________ Year ____________

2. How many days a week do you perform primary care or contact lens examinations?
   _______________________

3. How many complete examinations do you perform per day?
   __________________________________

4. In what type of setting do you practice? (the location to which this survey was sent) {Please mark one}
   ___ Commercial  ___ HMO  ___ Private, Partnership or group  ___ Private, Individual
   ___ Ophthalmology  ___ Other (Please describe)

5. How many optometrists/ophthalmologists practice at this location?
   ___Optometrists  ___Ophthalmologists

6. Do you fit soft bifocal contact lenses?  ____Yes  ____No.
   Do you fit gas permeable (RGP) bifocal contact lenses?  ____Yes  ____No.
   If your answer to either of these questions is “No,” please explain.
   ___________________________________________________________________________________

   If your answer to both questions is “No,” please return the survey. Thank you for your time.
   If your answer is “Yes” to one or both questions, please continue.

**Survey Questions**
For the following questions, please provide an estimate for an average month. If you are in a location with other doctors, please reply only for yourself.

1. How many times did you suggest the option of contact lenses to a non-contact lens wearing presbyope?  _______

2. How many times did you suggest bifocal contact lenses as an option?
   __________________________________

3. How many times did you suggest monovision contact lenses as an option?
   __________________________________

4. How many patients did you fit with bifocal contact lenses?
   __________________________________

5. How many patients did you fit with monovision contact lenses?
   __________________________________

6. How many patients did you fit with distance contact lenses and readers?
   __________________________________

7. Do you prefer one presbyopic contact lens modality to another? ____Yes  ____No
   a. If yes, please rank the following {1 = most preferable, 4 = least preferable}
      ___ Soft bifocal contact lenses  ___ Monovision
      ___ GP bifocal contact lenses  ___ Distance contact lenses and readers
b. If you prefer one modality to another, why? Please rank the following; 1 = most appropriate reason, 3 = least appropriate reason) ___ Ease of fit ___ Less adaption time ___ Success rate is higher ___ Other (please specify) 

Please return this page in the enclosed, self-addressed and stamped envelope by February 10, 2004. Thank you again for taking the time to complete this survey.
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Figure 1