Contact Lens Use Study

Instructions:
Respond to a multiple choice question by pointing to the appropriate button and clicking the mouse.
Scroll through the questions just as you would a word processing document.
Answers are not recorded until you reach the end of the form and press the Submit bar.

1. Do you use contact lenses (CL)?
   ○ A. Yes  ○ B. No

2. If you answered no to question one, are you interested in using contact lenses?
   ○ A. Yes  ○ B. No

3. If you answered no to question one, did you use contact lenses in the past?
   ○ A. Yes  ○ B. No

If you answered no to questions one, two and three, please go to number 11 below.

4. If you used contact lenses in the past, why did you stop using them?
   ○ A. contact lens complication
   ○ B. problems with cleaning solution
   ○ C. adaptation problem
   ○ D. contact lens and contact lens maintenance cost
   ○ E. other

5. Did you have any complication with contact lenses? If yes, please select from the options below.
   ○ A. conjunctivitis
   ○ B. corneal ulcer, infection
   ○ C. giant papillary conjunctivitis (GPC or bumps in eyelids)
   ○ D. allergic reaction
   ○ E. problems with cleaning solutions
   ○ F. did you have any of your CLs rip or tear
   ○ G. dry eye problems
   ○ H. tearing problems
   ○ I. did you have any itching associated with CL use
   ○ J. scar due to CL used
   ○ K. secretions
   ○ L. any other not mentioned above

6. If you had any complication, could you explain to the best of your knowledge how the doctor handled the case? You may select more than one option.
   ○ A. discontinue lenses from one week to one month
   ○ B. discontinue lenses one month or more
   ○ C. discontinue CL use permanently
   ○ D. antibiotic
   ○ E. lubricant tears
   ○ F. change CL brand
   ○ G. other

7. What type of contact lens do you use?
   ○ A. soft disposable (2 weeks)
   ○ B. soft frequent replacement (1 month or 3 months)
   ○ C. soft toric (for astigmatism) frequent replacement
   ○ D. color soft CL
   ○ E. soft regular (used as daily wear for more than 4 months)
   ○ F. soft extended wear (you can sleep with them)
   ○ G. soft extended wear toric
   ○ H. rigid gas permeable (RGP) or hard lenses
   ○ I. any other?

8. Frequency of use.
   ○ A. every day
   ○ B. sports
   ○ C. 5-7 days/week
   ○ D. 3-4 days/week
   ○ E. 1-2 days/week
   ○ F. special occasions

9. Do you use contacts for any of these activities?
   ○ A. basketball
   ○ B. soccer
   ○ C. swimming
   ○ D. scuba diving
   ○ E. sky diving
   ○ F. other water sports; please provide sport name
   ○ G. other sports; please provide sport name

10. The following questions pertain to the use of contact lenses in the field.
    Did you use contacts while in the field?
    ○ A. Yes  ○ B. No
    How many days?
    Did you clean your contacts?
    ○ A. Yes  ○ B. No
    If you cleaned your contacts, what cleaning system did you use?
    For how many hours/day did you use the contacts?
    Did you use a different contact lens brand for the field?
    ○ A. Yes  ○ B. No

11. Do you have any questions about contact lenses?

12. Please enter your e-mail address so that we may keep you informed on the care and use of your contact lenses, answer any questions you may have, and better serve your needs. For example, x81234 or x81234al.

Press this bar To Submit Your Survey Form