

## CONTACT LENS RESEARCH QUESTIONNAIRE

This questionnaire relates to your contact lens use. We expect this activity to take approximately 5 mins to complete. At the end of questionnaire, your used contact lens case will be collected for laboratory analysis of contamination and you will be given a replacement

HC16735

Name

.....

Age

.....

Since your last visit, when was the last time you napped in lenses during the day?

Never

Please specify:

Days/Months

.....

Since your last visit, when was the last time you slept in your contact lenses OVERNIGHT (including forgetting to remove them at night)?

Never

Wearing Ortho-K

Please specify:

Please specify how many days/months ago

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Since your last visit, how often do you sleep in your contact lenses OVERNIGHT?

nights per MONTH

.....

nights per YEAR

.....

**SOLUTION HISTORY**

Since your last visit, how often do you use a disinfecting solution?

Sometimes

Every time I reuse my lenses

I don't use disinfecting solution (please specify what you use e.g. tap water / saline?)

Please specify

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What is / are your solution(s) called? Unsure of solution name? Please consult the 'CONTACT LENS AND SOLUTIONS FILE'

- Activize (OPSM-own brand)
- AQuify (CIBA Vision)
- BioTrue Multi-Purpose solution (Bausch & Lomb)
- COMPLETE Easy-Rub (Allergan/AMO)
- Lens Plus Ocupure – Saline (AMO)
- Easyvision (Specsavers-own brand)
- OPTI-FREE Ever/PureMoist (Alcon)
- OPTI-FREE Replenish (Alcon)
- ReNu Fresh (Bausch & Lomb)
- ReNu MultiPlus (Bausch & Lomb)
- ReNu Sensitive (Bausch & Lomb)
- RevitaLens OcuTec (AMO)
- AOSepT Plus (CIBA Vision)
- ReNu EasySept Hydro+peroxide (Bausch & Lomb)
- OXYSEPT 1 and 2 (AMO)
- Boston Advance Cleaning
- Boston Simplus Multi-Action
- Boston One-Step Enzyme cleaner
- Progent Intensive Cleaner (Menicon)
- MeniCare Plus Multipurpose Sol'n for RGPs
- Total Care 1 (AMO)
- Reclens Multipurpose solution (Axis)
- Reclens Saline solution (Axis)

Since your last visit, did you pour/decant your disinfecting solution into another container for storage?

- Yes
- No

Since your last visit, did you use decanted solution the last time you rinsed your lenses?

- Yes
- No
- Unsure

Since your last visit, did you RUB your lenses the last time before you stored them?

- Yes
- No
- Unsure

Since your last visit, did you RINSE your lenses the last time before you stored them?

- Yes
- No
- Unsure

Since your last visit, what do you RINSE your lenses with? (tick more than one if applicable)

- Tap water
- Disinfecting solution
- Others

Please specify

Since your last visit, did you RINSE your lenses the last time before you inserted them into your eyes?

- Yes
- No
- Unsure
- Not applicable
- If not, why not?

Please specify

Since your last visit, after you took out your contact lenses out of your storage case for insertion, did you RINSE the case?

- Yes
- No
- Unsure

Since your last visit, what did you rinse your case with (if more than one is applicable, specify ONLY THE LAST ONE used)?

- Saline
- Water
- Disinfecting solution
- Others (Please specify)
- Unsure

In future, how often will you replace your lens case?

- Every month
- Every 3 months
- Every 3-6 months
- Every year
- Longer than a year

## ENVIRONMENT

Since last visit, did you wash your hands with soap before you handled your lenses the last time?

- No
- Yes
- Unsure

Since the last visit, did you dry your hands before you handled your lenses the last time?

- No
- Yes
- Unsure

Since the last visit, Where did you last carry out contact lens insertion and removal?

- Bathroom
- Kitchen
- Bedroom
- Others

Please specify

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Did you change your lenses in your normal place of residence

- Yes
- No

Since the last visit, did you wear your contact lenses the last time you showered

- Yes
- No
- Unsure

If yes, when did you shower?

- Morning
- Evening
- Both

Since the last visit, when did you LAST go swimming with your lenses in?

- Have never swum in lenses
- Days/Months ago

Please mention the number of DAYS/MONTHS here

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Since the last visit, where did you last go swimming with your lenses in?

- Sea / River / Lake (swim)
- Backyard / private pool
- Public pool
- Ocean (surf)
- Spa / Hot tub

Since the last visit,,did you wear swimming goggles last time you swam with your lenses in?

Yes

No

Do you currently smoke:

No

Yes

**EYE CARE**

Since the last visit, if discomfort is experienced during lens wear, do you USUALLY ... (tick all applicable)

continue lens wear

use eye drops

remove, rinse lens with saline or disinfecting solution and reinsert

remove, rinse lens with anything I can find e.g. in mouth, under the tap and reinsert

stop lens wear for the day

use a new lens

see an eye care practitioner

Since the last visit, have you been aware of any media coverage (such as newspapers, TV, radio) of eye infections with contact lenses in the past 2 years?

Yes

No

Not sure

If "Yes", did your behaviour change as a result of the media coverage? (please describe how your behaviour changed following the media coverage?)

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**THANK YOU VERY MUCH FOR YOUR HELP WITH OUR STUDY. PLEASE PRESS THE "SUBMIT" BUTTON.**

SCHOOL OF OPTOMETRY AND VISION SCIENCE, UNSW