

# Survey of contact lens prescribing

**If you do not fit contact lenses, please pass this to a colleague who does!**

Please complete the questions below, and then record the details of the first ten patients you fit with contact lenses.

Your country	Date of survey receipt	Job title	How many years...	What type of practice do you mainly work in?
		<input type="checkbox"/> Optometrist <input type="checkbox"/> Optician <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Other	Qualified: Fitting contact lenses:	<input type="checkbox"/> independent <input type="checkbox"/> regional <input type="checkbox"/> national/chain (1 – 9 practices)      (10 – 49 practices)      (50 or more practices)

General information <sup>1</sup>						Rigid/hard lenses				Soft lenses <sup>2</sup>				Lens design <sup>3</sup>								Replacement frequency						Times per week lenses likely to be worn <sup>4</sup>	Modality <sup>5</sup>		Care system						
Date	Px	Age	Sex	New	Refit	Scleral	PMMA	RGP Dk <40	RGP Dk 40-90	RGP Dk >90	Conventional <40%	Conventional 40-60	Conventional >60%	Silicone hydrogel	Sphere	Toric	Multi-focal	Mono-vision	Cos-metic tint	Std. OK <sup>3</sup>	Myopia control <sup>3</sup>	Other	Daily	1-2 weeks	1 month	3-6 months	12 months	Un-planned		Daily wear	Ex-tended wear	Multi purpose	Per-oxide	Other	None		
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**Some explanatory notes**

- New fits and refits.** A 'new fit' is someone with no previous lens experience, or who has not worn lenses for a number of years. 'Refits' are existing wearers who are fitted because their wearing pattern has changed, they are keen to try another lens type, as a problem solver etc.
- Soft lenses.** These are split into 'silicone hydrogels' and 'conventional' materials. Conventional materials are listed with their water contents.
- Lens design.** Tick as many boxes as needed in this category. 'Std OK' refers to standard refractive correction with orthokeratology. 'Myopia control' includes the fitting of orthokeratology or special soft lens designs specifically to arrest myopia progression.
- Times per week lenses likely to be worn.** If daily wear, please indicate how many days per week; if extended wear, indicate the number of nights slept in per week. Maximum value = 7.
- Modality.** A patient who will sleep in their lenses occasionally is still classed as 'extended wear'.

**When complete, please take a photo of the form and send to [results@contactlensprescribing.com](mailto:results@contactlensprescribing.com)**

Many thanks for your time!