

CONTACT LENS SELECTION QUESTIONNAIRE

Please **circle** the appropriate score for each item below and then total the points. The purpose of this form is to help determine how easily you will adapt to contact lenses.

1. ENVIRONMENT YOU LIVE IN

- Clean Air (Rural)1
- Mildly polluted (Suburban)2
- Polluted (Urban)3
- Highly polluted (Industrial).....5

2. ALLERGIES

- None..... 0 • Mild2
- Moderate..... 3 • Severe5

3. SKIN TYPE

- Normal..... 0 • Dry.....3
- Oily..... 3 • Sensitive5

4. MEDICATIONS

Antihistamines:

- Never use.....0
- Use occasionally, for a cold1
- Use more than once a month3

Diuretics:

- Never use.....0
- Use less than once a week.....1
- Use frequently.....3
- Over 8 hours a day3

Birth Control Pills:

- No..... 0 • Yes.....3

5. TEARING

- Normal..... 0 • Mild.....1
- Excessive 3 • Dry (sandy)5

6. LIGHT SENSITIVITY

- None..... 0 • Mild1
- Moderate..... 3 • Severe5

7. EYE ITCHING

- None..... 0 • Mild1
- Moderate..... 3 • Severe5

8. EYE INFECTION

- Never have an eye infection.....0
- Rare (less than 1 Per Year)1
- Frequent (more than 1/Year).....3
- Continual eye infections5

9. SENSITIVITY TO SMOKE AND CHEMICALS

- None..... 0 • Mild.....1
- Moderate..... 3 • Severe5

10. ANTICIPATED CONTACT LENS WEAR

- Few hours on social occasions1
- Less than 8 hours a day2
- Over 8 hours a day3
- Extended wear (24 hours a day)5

YOUR TOTAL SCORE:

KEY

Less than 13 points Excellent potential for wearing contact lenses

14 to 24 points..... Good potential for wearing contact lenses

25 to 29 points..... Fair potential for wearing contact lenses

Over 30 points Poor potential for wearing contact lenses

Based upon the work of Professor Charles McMonnies, University of NSW