**QUESTIONNAIRE**

Participant Number :

**The Correlation Between Daily Lens Wear Duration and Dry Eye Syndrome**

1. **Participant Identity**
2. Name : ..................................................................................................................
3. Sex : Male / Female (Circle one)
4. Age : ............... years old
5. Faculty : ..............................................................................................
6. Study Program : : ­ S1 D3 (tick (🗸) one)
7. Major : ..............................................................................................
8. **Data Lensa Kontak**
9. How frequent you dispose your contact lens? (tick (🗸) one)

Everyday Every Month Once a year ............. months (write it)

1. Choose one or more contact lens brands that you have worn or you are wearing now.

Instruction : Tick (🗸) on the left side of the table

|  |  |  |
| --- | --- | --- |
| (🗸) | *Contact Lens Brands* | Product’s name |
|  | Acuvue |  |
|  | Biomedics |  |
|  | Air Optix |  |
|  | Freshlook |  |
|  | Avaira |  |
|  | Focus |  |
|  | New Look |  |
|  | Illustro |  |
|  | Geo Medical |  |
|  | Bausch and Lomb BioTrue |  |
|  | X2 |  |
|  | EOS |  |
|  | Omega |  |
|  | Dreamcon |  |
|  | Living Color |  |
|  | Playboy |  |
|  | Solotica |  |
|  | Menikon |  |
|  | Eyezone |  |
|  | Nobluk |  |
|  | Schön |  |
|  | Eyeberry |  |
|  | Alice |  |
|  | Super Yogurt |  |
|  | Ice |  |
|  | *Other Brands*  (write down) : |  |

1. **Contact Lens Wear Questions**
2. How long have you been wearing contact lens?

Answer : ................ years

1. How many days a week you wear contact lens?

Answer : /7 day

1. How many hours a day you wear your contact lens?

Answer : /24 hours

1. **CONTACT LENS DRY EYE QQUESTIONNAIRE-8 (CLDEQ-8)**
2. Question about **EYE DISCOMFORT** :
3. During a typical day in the past 2 weeks, how often did your eyes feel discomfort while wearing your contact lens?
4. Never
5. Rarely
6. Sometimes
7. Frequently
8. Constantly

When your eyes felt discomfort with your contact lenses, **how intense was this feeling of discomfort**...

1. At the end of your wearing time?

Never Not at all Very

Have it Intense Intense

0 1 2 3 4 5

1. Question about **EYE DRYNESS** :
2. During a typical day in the past 2 weeks, how often did your eyes feel dry?
3. Never
4. Rarely
5. Sometimes
6. Frequently
7. Constantly

When your eyes felt discomfort with your contact lenses, **how intense was this feeling of dryness**...

1. At the end of your wearing time?

Never Not at all Very

Have it Intense Intense

0 1 2 3 4 5

1. Question about **CHANGABLE, BLURRY VISION** :
2. During a typical day in the past 2 weeks, how often did your vision change between clear and blurry or foggy while wearing your contact lenses?
3. Never
4. Rarely
5. Sometimes
6. Frequently
7. Constantly

When your eyes felt discomfort with your contact lenses, **how noticable was this changable, blurry, or foggy vision**...

1. At the end of your wearing time?

Never Not at all Very

Have it Intense Intense

0 1 2 3 4 5

1. Question about **CLOSING YOUR EYES**:

During a typical day in the past 2 weeks, how often did your eyes bother you so much that you wanted to close them?

1. Never
2. Less than once a week
3. Weekly
4. Several times a week
5. Daily
6. Several times a day
7. Question about **REMOVING YOUR LENSES**:

How often during the past 2 weeks, did your eyes *bother you so much* while wearing your contact lenses that you felt as if you needed to stop whatever you were doing and take out your contact lenses?

1. Never
2. Less than once a week
3. Weekly
4. Several times a week
5. Daily
6. Several times a day

QUESTIONS FOR THE INTERVIEW

1. Are you always comfortable wearing your contact lens? If no, why?
2. Do you use eye drops? How many times a day you use it?
3. Do you regularly wash your contact lens? How many times a day?
4. Do you use lens care solution to wash your contact lens?
5. Where do you usually go wearing contact lens?
6. Where do you usually buy your contact lens?
7. How is your daily circumstance? Do you stay in a room with air conditioner?
8. Do you have any personal experience while wearing contact lens?