

Appendix 1: Subjective Ratings of Ocular Symptoms

Date _____ Study Limbal Clearance Study Investigator _____ ID _____ Lens 1 and 2

The following questions relate to a number of symptoms which you may or may not be experiencing with the contact lenses you are wearing in the study. Please select a value **between 0 and 100** which most adequately describes how you feel about your **study lenses** and **enter this in the box next to each question's scale**, R=right eye; L=left eye

| | | | |
|-----------|--|------|----------------------|
| 1. | How would you rate your <u>comfort</u> with your study lenses? | R | <input type="text"/> |
| | <div> <div>0</div> <div>100</div> </div> <div> <div>Very poor comfort</div> <div>excellent comfort</div> </div> | L | <input type="text"/> |
| 2. | How would you rate your <u>dryness</u> with your study lenses? | R | <input type="text"/> |
| | <div> <div>0</div> <div>100</div> </div> <div> <div>Very dry</div> <div>not dry at all</div> </div> | L | <input type="text"/> |
| 3. | How would you rate <u>burning</u> with your study lenses? | R | <input type="text"/> |
| | <div> <div>0</div> <div>100</div> </div> <div> <div>Severe burning</div> <div>no burning</div> </div> | L | <input type="text"/> |
| 4. | How would you rate your <u>clarity of vision</u> with respect to cloudy/filminess (blinking to clear) with your study lenses? | R | <input type="text"/> |
| | <div> <div>0</div> <div>100</div> </div> <div> <div>Very poor (constantly having to blink to clear)</div> <div>excellent (never having to blink to clear)</div> </div> | L | <input type="text"/> |
| Comments: | | | |
| Signed | | Date | |