

1. Risk Taking Questionnaire

Instructions: Indicate, using a 5-point scale, the degree to which each of the following statements describes you. Please tick the number “1” box if the statement is a very good description of you (*Like me*) or the number “5” box to indicate it does not describe you at all (*Not like me*). Use the remaining numbers to indicate the varying degrees that the statement is like you or not like you.

	Like Me				Not Like Me
	1	2	3	4	5
Factor 1: Psychological Risks					
1. While I don't deliberately seek out situations or activities that society disapproves of, I find that I often end up doing things that society disapproves of					
2. I often do things that I know my parents would disapprove of					
3. I often think about doing things that are illegal.					
4. I do not let the fact that something is considered immoral stop me from doing it					
5. I often think about doing things that I know my friends would disapprove of					
6. I often seek out situations or activities that society does not approve of					
7. I do not let the fact that something is illegal stop me from doing it					
8. I often think about doing things that I know my parents would disapprove of					
9. I often think about doing things that I know society would disapprove of					
10. I often think about doing things that are considered immoral					
Factor 2: Physical Risks					
11. I like the feeling that comes with taking physical risks					
12. I consider myself a risk-taker					
13. Being afraid of doing something new often makes it more fun in the end					
14. The greater the risk the more fun the activity					
15. I like to do things that almost paralyze me with fear					
16. I like the feeling that comes with taking psychological or social risks					
17. While I don't deliberately seek out situations or activities that involve physical risk, I often end up doing things that involve physical risk					
18. I like the feeling that comes from entering a new situation					
19. I often think about doing activities that involve physical risk					
20. I often think about doing things that would arouse a great deal of fear or anxiety in me					

2. How many contact lens patients do you see a week?

- ☐ ≤ 1 ☐ 2-4
☐ 5-10 ☐ 10-15
☐ 16-20 ☐ More than 20

3. Please indicate whether you feel it is important to discuss the following potential risk factors with your contact lens patients:

Risk factor	Highly important	Limited importance	Not a risk factor	Uncertain
Swimming in contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming without goggles or contact lens disinfection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using hot tub/spa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showering in contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contact lens use while on holiday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor lens case hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storing lenses in saline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not disinfecting after removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storing or rinsing in tap water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing contact lenses for longer than recommended on label	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing hands before handling contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any overnight use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overnight use of low Dk contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overnight use of high Dk contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overnight wear when unwell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do these factors influence your choices in contact lens prescribing?

Factor	Highly important	Limited importance	Not a risk factor	Uncertain
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systemic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ocular surface disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk-taking personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>