

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***CONTACT LENS STUDY QUESTIONNAIRE**

Please write in CAPITAL LETTERS

Participant Initials: _____ Age: _____ Today's Date: _____ (dd) / _____ (mm) / _____ (yyyy)

1. CONTACT LENS HISTORY**1. For how long have you been a contact lens wearer?**

- ☐ 1-3 months ☐ 1-2 years
☐ 4-6 months ☐ 3-5 years
☐ 7-11 months ☐ 6-10 years
☐ More than 10 years

2. What type of contact lenses do you usually wear?

- ☐ Soft (including spherical or toric lenses)
☐ Hard / Rigid gas-permeable
☐ Other (specify _____)

3. Are your lenses ... (if different right and left, indicate R&L as appropriate)

- | R | L | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Spherical lenses - to correct short-sighted / distance vision (myopia) |
| <input type="checkbox"/> | <input type="checkbox"/> | Spherical lenses - to correct long-sighted / close up (hyperopia) |
| <input type="checkbox"/> | <input type="checkbox"/> | Toric lenses - to correct Astigmatism (irregular shape of the cornea which is the clear front cover of the eye) |
| <input type="checkbox"/> | <input type="checkbox"/> | Multifocal / bifocal lenses - to be able to read a book or computer screen |
| <input type="checkbox"/> | <input type="checkbox"/> | Coloured lenses - to alter eye colour |
| <input type="checkbox"/> | <input type="checkbox"/> | Orthokeratology (wearing rigid lenses overnight to change the shape of your eyes so you don't need glasses the next day) |
| <input type="checkbox"/> | <input type="checkbox"/> | Not sure |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify _____) |

4A. How often do you REPLACE your lenses with a NEW pair ?

(count the days since you first inserted them, not the number of times you wear them)

- ☐ Weekly (go to Q5)
☐ Every 2 weeks (go to Q5)
☐ Monthly (go to Q5)
☐ 3 Monthly (go to Q5)
☐ 6 Monthly (go to Q5)
☐ Yearly (go to Q5)
☐ Other (specify _____)

How many DAYS per WEEK do you wear lenses on average?

- ☐ Less than once per week
☐ 1-4 days per week
☐ More than 4 days per week

5. How many HOURS per DAY do you wear contact lenses on average? _____ hours**6. When was the last time you napped in lenses during the day?**

- ☐ Never (go to Q9A) **OR**
☐ Please specify: ☐ _____ DAYS ago **OR**
☐ _____ MONTHS ago

7. What would be the maximum number of hours that you nap in lenses during the day? _____ hours**9A. When was the last time you slept in your contact lenses OVERNIGHT (including forgetting to remove them at night)?**

- ☐ Never (go to Q10) **OR**
☐ Please specify: ☐ _____ DAYS ago **OR**
☐ _____ MONTHS ago

9B. How often do you sleep in your contact lenses OVERNIGHT?

_____ Nights per MONTH
 _____ Nights per YEAR

9C. What would be the MAXIMUM number of nights in a row?

Maximum of _____ nights in a ROW

10. Where do you purchase your lenses?

- ☐ Directly from an optometrist's practice or optical outlet
☐ Via the internet from an online website that is associated with your optometric practice
☐ By pre-arrangement with an optometrist via postage or email
☐ Via the internet from any other online contact lenses website
☐ From a cosmetic store (for example, Gloss)
☐ Other (specify _____)

11. How old are your current contact lenses?☐ (specify _____)

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***12. What is the brand and name of the lenses you are CURRENTLY wearing?**

Many of the lenses have similar names – please be careful to tick the correct one! If you wear a different lens in each eye, please tick both lenstypes.

If you are not sure of what your lenses are called, please consult the 'CONTACT LENS AND SOLUTIONS FILE' at the reception.

	RIGHT EYE	LEFT EYE
1 - 4 WEEKLY DISPOSABLE SOFT		
3M 38 (CooperVision)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3M 38 Toric (CooperVision)	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3M Proclear (CooperVision)	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3M Proclear Toric (CooperVision)	7 <input type="checkbox"/>	8 <input type="checkbox"/>
ACUVUE 2 (Johnson & Johnson)	9 <input type="checkbox"/>	10 <input type="checkbox"/>
ACUVUE OASYS with Hydration plus (Johnson & Johnson)	11 <input type="checkbox"/>	12 <input type="checkbox"/>
ACUVUE OASYS for Astigmatism (Johnson & Johnson)	13 <input type="checkbox"/>	14 <input type="checkbox"/>
AIR OPTIX Aqua (Alcon/CIBA Vision)	15 <input type="checkbox"/>	16 <input type="checkbox"/>
AIR OPTIX for Astigmatism (Alcon/CIBA Vision)	17 <input type="checkbox"/>	18 <input type="checkbox"/>
AIR OPTIX Night and Day Aqua (Alcon/CIBA Vision)	19 <input type="checkbox"/>	20 <input type="checkbox"/>
AirSoft (ABK Vision)	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Aquaeyes (Easyvision)	23 <input type="checkbox"/>	24 <input type="checkbox"/>
Aura (Australian Contact Lenses)	25 <input type="checkbox"/>	26 <input type="checkbox"/>
Aura Toric (Australian Contact Lenses)	27 <input type="checkbox"/>	28 <input type="checkbox"/>
Avaira (CooperVision)	29 <input type="checkbox"/>	30 <input type="checkbox"/>
Avaira Toric (CooperVision)	31 <input type="checkbox"/>	32 <input type="checkbox"/>
Biofinity (CooperVision)	33 <input type="checkbox"/>	34 <input type="checkbox"/>
Biofinity Toric /XR (CooperVision)	35 <input type="checkbox"/>	36 <input type="checkbox"/>
Biomedics 14 Day Toric (CooperVision)	37 <input type="checkbox"/>	38 <input type="checkbox"/>
Breeze (Australian Contact Lenses)	39 <input type="checkbox"/>	40 <input type="checkbox"/>
Breeze Toric (Australian Contact Lenses)	41 <input type="checkbox"/>	42 <input type="checkbox"/>
Calaview–Azlea/Golden/BigEye (Novavision)	43 <input type="checkbox"/>	44 <input type="checkbox"/>
Clear All-Day Compatible Sphere (Capricornia)	45 <input type="checkbox"/>	46 <input type="checkbox"/>
Clear Choice Premium Plus fortnight/monthly (CooperVision)	47 <input type="checkbox"/>	48 <input type="checkbox"/>
Clear Choice Premium Plus Toric fortnightly/monthly (CooperVision)	49 <input type="checkbox"/>	50 <input type="checkbox"/>
Colourmaker (Novavision)	51 <input type="checkbox"/>	52 <input type="checkbox"/>
Colournova-Crazy/Picasso/Azlea (Novavision)	53 <input type="checkbox"/>	54 <input type="checkbox"/>
ColourVue- Gamlour/BigEyes/Stars and Jewels/3-	55 <input type="checkbox"/>	56 <input type="checkbox"/>
Crazy (CooperVision)	57 <input type="checkbox"/>	58 <input type="checkbox"/>
Definition AC (Contact Lens Centre Australia)	59 <input type="checkbox"/>	60 <input type="checkbox"/>
Discon fortnightly (Novavision)	61 <input type="checkbox"/>	62 <input type="checkbox"/>
Extreme H₂O monthly/weekly (Gelflex Laboratories)	63 <input type="checkbox"/>	64 <input type="checkbox"/>
Focus Softcolours (Alcon/CIBA Vision)	65 <input type="checkbox"/>	66 <input type="checkbox"/>
Frequency 55 / Xcel / Aspheric (Biocompatibles/CooperVision)	67 <input type="checkbox"/>	68 <input type="checkbox"/>
Frequency Xcel Toric XR (CooperVision)	69 <input type="checkbox"/>	70 <input type="checkbox"/>
Freshkon (Capricornia)	71 <input type="checkbox"/>	72 <input type="checkbox"/>
FreshLook Colorblends / Colors / Dimensions / Radiance	73 <input type="checkbox"/>	74 <input type="checkbox"/>
Fusion-9 colors/Alluring Eyes (Capricornia)	75 <input type="checkbox"/>	76 <input type="checkbox"/>
Irisian Sphere (Easyvision)	77 <input type="checkbox"/>	78 <input type="checkbox"/>
Irisian Toric (Easyvision)	79 <input type="checkbox"/>	80 <input type="checkbox"/>
Lacrima Sphere (Easyvision)	81 <input type="checkbox"/>	82 <input type="checkbox"/>
Lacrima Toric (Easyvision)	83 <input type="checkbox"/>	84 <input type="checkbox"/>
Menisoft (Menicon)	85 <input type="checkbox"/>	86 <input type="checkbox"/>

STUDY-ID (Office Use only)

--	--	--	--	--

Confidential - Not to be Distributed Without Permission

Onyx 55 UV (Contact Lens Centre Australia)	87□	88□
Opteyes (Easyvision)	89□	90□
Opteyes Toric (Easyvision)	91□	92□
PremiO (Menicon)	93□	94□
Private Label Monthly Pro (Australian Contact Lenses)	95□	96□
Private Label Monthly Pro Extended Range	97□	98□
Private Label Monthly Pro Toric (Australian Contact Lenses)	99□	100□
Proclear (CooperVision)	101□	102□
Proclear Toric XR (CooperVision)	103□	104□
PureVision (Bausch & Lomb)	105□	106□
PureVision Toric (Bausch & Lomb)	107□	108□
PureVision 2 with High Definition Optics (Bausch & Lomb)	109□	110□
PureVision 2 with High Definition (Bausch & Lomb)	111□	112□
Sofclear (Gelflex)	113□	114□
SofLens 38 (Bausch & Lomb)	115□	116□
SofLens 59 (Bausch & Lomb)	117□	118□
SofLens 66 Toric (Bausch & Lomb)	119□	120□
Soft 72 (Menicon)	121□	122□
Soft 72 Toric (Menicon)	123□	124□
Synergy Custom Delta 55% (Gelflex)	125□	126□
Synergy Custom Gamma 49% (Gelflex)	127□	128□
Synergy Definitive Hydrogel (Gelflex)	129□	130□
Synergy Delta (Gelflex)	131□	132□
Synergy Gamma (Gelflex)	133□	134□
TailorMade SiH 74% (CooperVision)	135□	136□
TailorMade SiH Toric (CooperVision)	137□	138□
TailorMade Frequency Replacement-49% (GelFlex)	139□	140□
TailorMade Frequency Replacement-55% (GelFlex)	141□	142□
TailorMade Frequency Replacement-75% (GelFlex)	143□	144□
Other 1-4 weekly disposable (<i>specify</i> _____)	145□	146□
MULTIFOCAL SOFT LENSES		
Please state name if known	147□	148□
RIGID LENS TYPE IF KNOWN		
Please state name if known	149□	150□

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***2. SOLUTION HISTORY****1. How often do you use a disinfecting solution?**

- ☐ I don't use disinfecting solution (*please specify what you use e.g. tap water/ saline?*) _____ (*go to Q9*)
- ☐ Sometimes
- ☐ Every time I reuse my lenses

2. What is / are your solution(s) called?

Unsure of solution name? Please consult the 'CONTACT LENS AND SOLUTIONS FILE'

Multipurpose soft lens solutions:

- ☐ Activize (OPSM-own brand)
- ☐ AQUify (CIBA Vision)
- ☐ BioTrue Multi-Purpose solution (Bausch & Lomb)
- ☐ COMPLETE Easy-Rub (Allergan/AMO)
- ☐ Lens Plus OcuPure – Saline (AMO)
- ☐ Easyvision (Specsavers-own brand)
- ☐ OPTI-FREE Ever/PureMoist (Alcon)
- ☐ OPTI-FREE Replenish (Alcon)
- ☐ ReNu Fresh (Bausch & Lomb)
- ☐ ReNu MultiPlus (Bausch & Lomb)
- ☐ ReNu Sensitive (Bausch & Lomb)
- ☐ RevitaLens OcuTec (AMO)
- ☐ **Other** multipurpose solution
(*specify* _____)

Hydrogen peroxide 1-step solutions:

- ☐ AOSept Plus (CIBA Vision)
- ☐ Easyvision (Specsavers-own brand)
- ☐ ReNu EasySept Hydro+peroxide (Bausch & Lomb)
- ☐ **Other** peroxide 1-step solution
(*specify* _____)

Hydrogen peroxide 2-Step solutions:

- ☐ OXYSEPT 1 and 2 (AMO)
- ☐ 2-Step Peroxide (Sauflon)
- ☐ **Other** peroxide 2-Step solution
(*specify* _____)

Solutions for rigid lenses:

- ☐ Boston Advance Cleaning
- ☐ Boston Simplus Multi-Action
- ☐ Boston One-Step Enzyme cleaner
- ☐ Progent Intensive Cleaner (Menicon)
- ☐ MeniCare Plus Multipurpose Sol'n for RGPs
- ☐ Total Care 1 (AMO)
- ☐ **Other** rigid lens soaking solution
(*specify* _____)

3. If you ticked more than one disinfecting solution, which one did you use LAST TIME you wore your lenses?

- ☐ Unsure
- ☐ Specify: _____

4. Why do you buy this disinfecting solution (tick as many as applicable)?

- ☐ Value for money
- ☐ Recommended by eye care practitioners
- ☐ Recommended by friends / relatives
- ☐ Allergic to other brands or suits my eyes better
- ☐ Availability
- ☐ Not sure
- ☐ Other (*specify* _____)

5. How long had the bottle of solution you last disinfected your lenses with been open?

- _____ days **OR**
- _____ weeks **OR**
- _____ months

6. Did you pour/decant your disinfecting solution into another container for storage?

- ☐ Yes
- ☐ No (*go to Q9*)

7. Did you use decanted solution the last time you rinsed your lenses?

- ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

8. Did you RUB your lenses the last time before you stored them?

- ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

9A. Did you RINSE your lenses the last time before you stored them?

- ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

9B: What do you RINSE your lenses with? (tick more than one if applicable)

- ☐ Tap Water ☐ Disinfecting solution
- ☐ Other (*please specify*) _____

9C. Did you RINSE your lenses the last time before you inserted them into your eyes?

- ☐ Yes ☐ No ☐ Unsure ☐ Not applicable
- If not, why not? (*please specify*) _____

9D. How long did you RINSE your lenses for?

- ☐ Up to < 5 seconds
- ☐ 6 – 15 seconds
- ☐ 16 - 30 seconds
- ☐ > 30 seconds

STUDY-ID (Office Use only)

Confidential - Not to be Distributed Without Permission

10. Did you REPLACE the disinfecting solution in your case the last time you stored your lenses?

☐ Yes ☐ No, I topped it up ☐ Unsure ☐ Not applicable

11. After you took out your contact lenses out of your storage case for insertion, did you RINSE the case?

☐ Yes ☐ No (go to Q14) ☐ Unsure

12. What did you rinse your case with (if more than one is applicable, specify ONLY THE LAST ONE used)?

☐ Saline
☐ Water
☐ Disinfecting solution
☐ Others (specify _____)
☐ Unsure
☐ Not applicable

13. After you took out your contact lenses out of your storage case for insertion, did you RUB and subsequently RINSE the case again?

☐ Yes ☐ Rub Only ☐ Rinse only ☐ Unsure

14. Did you wipe your case with tissue/towel after rinsing the last time you handled your contact lenses?

☐ Yes ☐ No ☐ Unsure

15. Did you empty your case and leave it to air dry the last time

you handled your contact lenses?

☐ Yes ☐ No (go to Q18) ☐ Unsure

16. Where did you leave your contact lens case to air dry the last time you handled your contact lenses?

☐ Bathroom ☐ Bedroom ☐ Kitchen
☐ Other (specify _____)

17. The last time you handled your contact lenses, did you air-dry the case?

☐ Face-up ☐ Face-down ☐ Vertical
☐ Unsure

18. How old is your current case?

_____ year _____ month _____ days

19. How often to you replace your lens case?

☐ Every month
☐ Every 3 months
☐ Every 3 – 6 months
☐ Every year
☐ Longer than a year

20. Please list any other contact lens solutions (including water), eye drops and protein removal tablets you have used in the last month (Note - also what they are used for):

I also use	I use this for ...
Example: AOSept plus (CIBA VISION)	Cleaning the lenses every other day

21. If what you did with your solution and case and lenses last time WAS DIFFERENT to what you usually do, please specify in what way? (e.g. you usually rinse your case with disinfecting solution, but last time you used water)

22. Are you currently having any kind of symptoms/problems regarding your eye health?

☐ Yes ☐ No (go to section 4)

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***3. EVENT QUESTIONS***This section relates to the symptoms/problems regarding your eye health:***1. WHEN did the symptoms with your eye(s) first occur?**_____ days **OR** _____ hours ago**2. WHERE did the symptoms with your eye(s) occur?**

- ☐ Indoor-classroom / office/home
☐ Outdoor recreational area: garden / park
☐ Indoor recreational area: gym / movie theatre / restaurant
☐ Industrial area / building / renovation site
☐ Sea / River / Lake / Beach
 Were you swimming? ☐ Yes ☐ No
 If "Yes", were goggles worn? ☐ Yes ☐ No
☐ Swimming Pool
 Were you swimming? ☐ Yes ☐ No
 If "Yes", were goggles worn? ☐ Yes ☐ No
☐ On the farm / zoo / in contact with animals
☐ Other (specify _____)

3. SYMPTOMS

Please tick (✓) as appropriate	No	Slightly	Moderately	Severely
a. Was your vision affected?				
b. Were you sensitive to glare?				
c. Was your eye visibly red?				
d. Was your eye visibly swollen?				
e. Was your eye painful?				
f. Was there any discharge from your eyes?				
g. Other symptoms?				
h. If "Other symptoms", please describe				

4. Since onset of symptoms**4A. Did you do anything to reduce your symptoms before receiving professional advice?**

- ☐ No
☐ Yes (specify _____)

4B. Did you seek professional advice before presenting to UNSW Optometry Clinic Red Eye Clinic?

- ☐ No (go to Q5)
☐ Yes - who?
☐ GP
☐ Optometrist
☐ Other practitioner (e.g. pharmacist)
 Specify _____

4C. What advice was given? (please include the name of any drops you were prescribed)

5. When did you last wear contact lenses before presentation of this eye problem?_____ days **OR** _____ hours ago**6. How old were your lenses at the time your eye problem began?**L: _____ days **OR** _____ months **OR** _____ years

R: [leave blank if same as for Left Eye]

_____ days **OR** _____ months **OR** _____ years**7. Do you think your eye symptoms are related to your contact lenses?**

- ☐ No ☐ Yes ☐ Not sure

8. At any time in the past month, did you have to remove the lenses earlier than usual due to any discomfort?

- ☐ No
☐ Yes – how many times? _____ (number)

For what reasons?

- ☐ Sickness
☐ Discomfort
☐ Other (specify _____)
☐ Your general health changed (specify _____)

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***4. ENVIRONMENT**

1. Did you wash your hands with soap before you handled your lenses the last time?

☐ No ☐ Yes ☐ Unsure

2. Did you dry your hands before you handled your lenses the last time?

☐ No ☐ Yes ☐ Unsure

3. Where did you last carry out contact lens insertion and removal?

☐ Bathroom
☐ Kitchen
☐ Bedroom
☐ Other (specify _____)

Was this in your normal place of residence?

☐ Yes ☐ No

If the locations for insertion and removal were different, please specify

Insertion: _____

Removal: _____

4A. Have you been taught how to insert, remove and handle your lenses?

☐ Insertion, removal and handling lenses
☐ Only insertion and removal of lenses
☐ Only Insertion
☐ Only Removal
☐ Only handling lenses
☐ Was not taught inserting, removing and handling my lenses

4B. Who taught you this?

☐ Optometrist or staff member
☐ General Practitioner
☐ Pharmacist
☐ Friend/family or relative who also wore/wears contact lenses
☐ Other (please specify): _____

5A. Did you wear your contact lenses the last time you showered?

☐ Yes (go to Q5B) ☐ No (go to Q6) ☐ Unsure (go to Q6)

5B. If yes, when did you shower?

☐ Morning ☐ Evening ☐ Both

6. When did you LAST go swimming with your lenses in?

☐ Have never swum in lenses (go to Q9) **OR**

_____ DAYS ago **OR**

_____ MONTHS ago

7. Where did you last go swimming with your lenses in?

☐ Sea / River / Lake (swim)

☐ Backyard / private pool

☐ Public pool

☐ Ocean (surf)

☐ Spa / Hot tub

8. Did you wear swimming goggles last time you swam with your lenses in?

☐ Yes ☐ No

9. Have you travelled or slept away from home in the past 1 month?

☐ No (go to Q10A)

☐ Yes

☐ locally (specify where _____)

☐ interstate/in this country (specify where _____)

☐ overseas (specify where _____)

Did you do anything different to your usual routine such as:

☐ Used a different:

☐ solution? (specify _____)

☐ lens type? (specify _____)

☐ lens case? (specify _____)

☐ Changed wearing hours?

☐ No

☐ Yes, wore lenses for:

☐ longer than usual (specify how many hours a day _____)

☐ less than usual (specify how many hours a day _____)

☐ Changed the way you handled or looked after your lenses? (specify _____)

☐ Your general health changed? (specify _____)

10A. Do you currently smoke:

☐ No (go to Q11A)

☐ Yes

10B. If yes, on average, how many cigarettes do you smoke?

_____ per day **OR**

_____ per week **OR**

_____ per month

(go to Section 5 – EYE CARE)

11A. If you do not currently smoke, have you ever smoked in the past:

☐ No (go to Section 5 – EYE CARE)

☐ Yes (please complete Q11B and Q11C)

11B. Approximately how long ago did you smoke?

_____ months **OR** _____ years

11C. Approximately how long ago did you STOP smoking?

_____ months **OR** _____ years

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***5. EYE CARE**

1. When did you LAST have a ROUTINE (NON-EMERGENCY) contact lens check with your practitioner?

- ☐ 1-30 DAYS ago
☐ 1-2 MONTHS ago
☐ 3-6 MONTHS ago
☐ 7-12 MONTHS ago
☐ 13-18 MONTHS ago
☐ 19-24 MONTHS ago
☐ More than 2 YEARS ago

2. How often were you ADVISED to have contact lens check-ups?

- ☐ Every 3 months or less
☐ Every 6 months
☐ Every year
☐ Every 2 years
☐ Can't remember
☐ No advice given

3. PRIOR TO TODAY, have you ever had to make an EMERGENCY OR UNSCHEDULED VISIT to your doctor or contact lens practitioner due to a problem with your eyes which may have been caused by the lenses? (i.e. an extremely red or painful eye)

- ☐ No
☐ Yes, once
☐ Yes, more than once
☐ Not sure / can't remember

- 4A. Do you have any glasses that are adequate for your visual needs?

- ☐ Yes (go to 4B) ☐ No (go to Q5)
☐ I do not need glasses when I am not wearing my contact lenses

- 4B. How old are your glasses?

_____ days OR _____ months OR _____ years

5. If discomfort is experienced during lens wear, do you USUALLY ... (tick all applicable)

- ☐ continue lens wear
☐ use eye drops (If so, which one _____)
☐ remove, rinse lens and reinsert; do you:
☐ rinse with saline or disinfecting solution
☐ rinse with anything I can find e.g. in mouth, under the tap
☐ stop lens wear for the day
☐ use a new lens
☐ see an eye care practitioner

6. Have you ever accidentally damaged a lens? (tick all applicable)

- ☐ No
☐ Yes - If yes, do you USUALLY... (tick **ONLY ONE**)
☐ throw out the lens and replace it with a new lens
☐ throw out the lens and replace it with an old lens
☐ wear the damaged lens
☐ wear a lens in the unaffected eye only
☐ use spectacles as a back up

7. In case of an emergency do you carry with you ...

	Never	Always	Sometimes
a. Disinfecting Solution			
b. Spare Lenses			
c. Contact lens case			
d. Glasses			
e. Saline			

8. Do you sometimes share your or others' contactlenses?

- ☐ Yes ☐ No

9. Have you been aware of any media coverage (such as newspapers, TV, radio) of eye infections with contactlenses in the past 2 years?

- ☐ Yes ☐ No ☐ Not sure

- If "Yes", did your behaviour change as a result of the media coverage?

- ☐ Yes (please describe how your behaviour changed following the media coverage?)

- ☐ No

STUDY-ID (Office Use only)

*Confidential - Not to be Distributed Without Permission***6. DEMOGRAPHICS**

We would like to collect the following information for research purpose. Any information obtained in this questionnaire will be presented in the form of group data, where no identification of the individual will occur.

1. Are you:

- ☐ Male
☐ Female

2. Which one best applies as your descent?:

- ☐ Australian/New Zealander
☐ South East Asian
☐ English (United Kingdom)
☐ American
☐ European (*other than UK*)
☐ African
☐ Pacific/Islander
☐ Middle Eastern
☐ Hispanic
☐ Indian/Sri Lankan
☐ Other (*specify* _____)

3. Highest Level of Education:

- ☐ No formal qualification
☐ Primary school
☐ High school
☐ Certificate / diploma
☐ Bachelor Degree
☐ Post-graduate Degree
☐ Other (*please specify*: _____)

4. Which of these categories best describes your total combined family income for the past 12 months?

- ☐ \$1 to \$199 per week (\$1 -10,399 per year)
☐ \$200 to \$299 per week (\$10,400-15,599 per year)
☐ \$300 to \$399 per week (\$15,600-20,799 per year)
☐ \$400 to \$599 per week (\$20,800-31,199 per year)
☐ \$600 to \$799 per week (\$31,200-41,599 per year)

- ☐ \$800 to \$999 per week (\$41,600-51,199 per year)
☐ \$1000 to \$1249 per week (\$52,000-64,999 per year)
☐ \$1250 to \$1499 per week (\$65,000-77,999 per year)
☐ \$1500 to \$1999 per week (\$78,000-103,000per year)
☐ \$2000 or more per week (\$104,000 or more per year)
☐ Don't know
☐ Prefer not to answer this question

5. How many people are currently living with you, including yourself?

_____ Number of people

6. Of these people, how many are dependents?

_____ Number of dependents

7. Which best describes your status of employment?

- ☐ Not working/Retired
☐ Student
☐ Home Duties
☐ Employee
☐ Self-employed with employees
☐ Self-employed / freelance without employees (*go to Q10*)

8. For employees ONLY: indicate below how many people work (worked) for your employer at the place where you work (worked).

For self-employed: indicate below how many people you employ (employed).

- ☐ 1 to 24 ☐ 25 or more

9. Do (did) you supervise any other employees?

A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis

- ☐ Yes ☐ No

STUDY-ID (Office Use only)

Confidential - Not to be Distributed Without Permission

10. Please give your occupation AND tick one box to show which best describes the sort of work you do. (If you are not working now, please tick a box to show what you did in your last job)

PLEASE TICK ONE BOX ONLY

Occupation: _____)

☐ **Managers**

- # Chief Executive/General Managers
- # Legislators
- # Farm/Aquaculture/Crop/Live Stock Managers
- # Advertising/Sales Managers
- # Construction/Engineering/Production/Supply and Distribution Managers
- # Educational Managers/School Principal
- Hospitality/Café/Restaurant/Hotel/Motel Managers
- # Event Organiser/ Amusement/Fitness Centre/Call Centre Managers

☐ **Professionals**

- # Arts: Music/Photographers/Visual Arts and Craft/Authors/Film/TV/Journalists
- # Business: Accountants/Auditors/Financial brokers/Human Resource/Actuaries/Economists/Librarians
- # Engineering: Civil/Electric/Mining/Chemical/Industrial Engineers
- # Designers: Surveyors/Planners/Urban planners/ Interior/Graphic/Web/Fashion Designers
- # Scientists: Natural and Physical science/ Pharmacists/ Geologists/Environmental/Veterinarians /Medical Laboratories/Agricultural professionals
- # Educational: School teachers/University Lecturers/Private Tutors
- # Health: Dietitians/ Medical imaging/Pharmacists/Optometrists/Dentists/Physiotherapists/Midwives/Nurses
- # Medical Practitioners: Anaesthetists/ Surgeons/ Psychiatrists/ Specialist Physicians
- # Information Technology: Business/System Analysts/ Telecommunication/Software and Applications Programmers/Network and Support professionals
- # Legal: Judicial Officers/Lawyers/Barristers/Solicitors
- # Social and Welfare: Counsellors/Psychologists/Social workers/Ministers of Religion/Community Art Workers

☐ **Technicians and Trades Workers**

- # Engineering/ICT and Science Technicians / Safety Inspectors/Telecommunication Trades
- # Automotive Electricians/Mechanics /Aircraft Maintenance Engineers
- # Panelbeaters and Vehicle Body Builders/Trimmers/Painters
- # Construction Trade/Floor Finishers/Glaziers
- # Bakers/Pastrycooks/Chefs/Butchers
- # Animal Attendants/Veterinary Nurses/Shearers/Florists/Gardeners
- # Hairdressers/Textile, Cloth and Footwear Trade/Upholsterers/Cabinetmakers/Wood Workers
- # Jewellers/Signwriters/Gallery, Library and Museum Technicians/Performing Arts Technicians

☐ **Community and Personal Service Workers**

- # Health and Welfare: Ambulance Officers/Dental Technicians/Therapists/Enrolled and Mothercraft Nurses/Indigenous Health worker
- # Carers & Aides: Child Carers/Education aides/Aged and Disabled Aids
- Hospitality: Bar Attendants/Café Workers/Waiters/Gaming Workers
- # Protective Services: Defence Force Members/Police/Fire Fighters/Prison Officers
- # Sports: Sports Coaches/Sports persons/Fitness Instructors/Outdoor Adventure Guides
- # Personal service: Beauty therapists/Funeral workers/Driving Instructors/Travel Attendants/Travel Advisors

STUDY-ID (Office Use only)

Confidential - Not to be Distributed Without Permission☐ **Clerical and Administrative Workers****List continues on next page...**

- # Office/Practice Managers/Personal Assistants/Secretaries/Receptionists
- # General clerks/Call or Contact Centre workers
- # Accounting clerks/Bookkeepers/Payroll Clerks/Credit and Loan Officers/Bank Workers
- # Betting Clerks/Filing and Registry Clerks/Mail Sorters/Survey Interviewers/Couriers and Postal Workers
- # Court or Legal clerks/Conveyancers/Debt Collectors/Human Resource clerks/Inspectors and Regulatory Officers/Librarians /Insurance Investigators

☐ **Sales Workers**

- # Sales Representative: Insurance & Stock Agents/Auctioneers/Real Estate Sales Agents
- # Sales Assistants and Sales Persons: Motor Vehicle /Pharmacy/Retain/Service Station Attendants/Information Technology and Communication/ Street Vendors
- # Sales Support Workers: Check out Operators/Office Cashiers/Telemarketers/Ticket Salespersons/Models and Sales Demonstrators/Visual Merchandisers/Retail Buyers

☐ **Machinery Operators and Drivers**

- # Machinery and Plant Operators: Clay/Concrete/Glass/Stone Processing
- # Mobile Plant Operators: Agricultural/Forestry/Earthmoving Plant / Forklift Operators
- # Road and Rail: Automobile drivers/Bus and Coach Drivers/Delivery Drivers/ Truck Drivers/Train and Tram Drivers

☐ **Labourers**

- # Cleaners and Laundry workers: Commercial/Domestic/House keepers/Car Detailers
- # Construction and Mining: Building and Plumbing/Concreters/Fencers/Paving and Surfacing/Insulation /Home improvement/ Railway Track Workers/Structural Steel construction
- # Factory Process Workers: Meat /Seafood/ Metal Engineering/Plastic and Rubber / Timber and Wood/ Product Assemblers Product Quality Controllers/
- # Farm, Forestry and Garden workers: Aquaculture/Crop Farm/Forestry/Logging/ Garden/Nursery/Livestock
- # Food Preparation: Fast food Cooks/Kitchenhands/Food Trade assistants
- # Miscellaneous: Shelf Fillers/Freight and Furniture Handlers/Handypersons/Printing Assistants/Motor Vehicle Parts/Recycling and Rubbish collectors/Vending Machine Attendants

THANK YOU VERY MUCH FOR YOUR HELP WITH OUR STUDY.
--