

## Contact Lens Information Survey (CLIS)



Please read this information carefully before answering the survey. The survey shall need no more than 8 minutes of your time.

This survey is addressed to Licensed Optometrists and Contact Lens Opticians and should be answered by one person per practice / clinic. The survey aims at determining the type and content of the information practitioners provide their contact lens (CL) patients. The ultimate purpose of the study is to allow and design better future strategies to avoid possible complications associated with CL wear, to improve the relationship and communication between users and practitioners, to improve compliance, and to minimize CL dropouts.

Please answer with maximum honesty. The information collected by this survey is anonymous and confidential, and shall only be used for statistical and research purposes. No personal or identifying information is collected or required. This study resides within the framework of a doctoral thesis at the School of Optics and Optometry of Terrassa ( Universitat Politècnica de Catalunya, UPC), Spain, under the supervision of professor Genís Cardona. The study was reviewed by an independent institutional review board (UPC). Consent to participate in this study is assumed by the action of submitting a complete questionnaire.

If you need more information before answering the questionnaire, you may contact [contactlensinformationsurvey@gmail.com](mailto:contactlensinformationsurvey@gmail.com)

Thank you in advance for your cooperation!

### About you

Country and City \*

Tu respuesta

Which of the following best defines your work practice? \*

- ☐ Independent or local retail chain (1 - 9 practices)
- ☐ Regional chain (10 - 49 practices)
- ☐ National chain (> 50 practices)

How many years have you been working as a Licenced Optometrist or Contact Lens Optician? \*

Tu respuesta

How many years have you been fitting CLs? \*

Tu respuesta

How many people work in your practice, including you? \*

Tu respuesta

How many of them are Licensed Optometrists or Contact Lens Opticians, including you? \*

Tu respuesta

In the last 3 years, how many hours of continuous education / training related to CLs have you received? \*

- ☐ 0 - 10
- ☐ 10 - 30
- ☐ 30 - 50
- ☐ > 50

In the last 3 years, have you attended any national or international Optometry / CL meeting? \*

- ☐ Yes
- ☐ No

### About you and your CL patients

1. In the practice where you work, are CL fittings performed entirely by Licensed Optometrists or Contact Lens Optician? \*

- ☐ Yes
- ☐ Not always or not the whole fitting process
- ☐ No

If not or not always, who else fits CLs or is in charge of part of the fitting process?

Tu respuesta \_\_\_\_\_

2. How many new CL fittings do you conduct per month? \*

- ☐ < 5
- ☐ 5 - 10
- ☐ 10 - 30
- ☐ > 30

3. How many CL follow-up visits do you conduct per month? \*

- ☐ < 5
- ☐ 5 - 10
- ☐ 10 - 30
- ☐ > 30

4. Do you recommend CLs to a patient wearing glasses? please answer from 1 (never) to 10 (always). \*

	1	2	3	4	5	6	7	8	9	10	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

5. Do you inform your patients about the correct use and care of their CLs? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, how do you provide this information? (you may select more than one option)

- ☐ Oral, during / after the fitting process
- ☐ Written instructions to be taken home
- ☐ e-mail
- ☐ WhatsApp/SMS
- ☐ Others

If you have other methods of informing your patients, please share them with us

Tu respuesta

---

6. Before starting the fitting process, do you fully inform your patients about the various possible options (type of material, use, replacement, etc.)? \*

- ☐ Yes
- ☐ Not always
- ☐ No

7. Do you show new users how to insert and remove their CLs? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, do you conduct a practical demonstration?

- ☐ Yes
- ☐ Not always
- ☐ No

8. Do you provide information on the correct orientation of the CLs (inside out)? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, do you conduct a practical demonstration?

- ☐ Yes
- ☐ Not always
- ☐ No

9. Do you inform your patients of the need to rub and rinse the CLs with cleaning solution before storing them in the lens case? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, do you conduct a practical demonstration?

- ☐ Yes
- ☐ Not always
- ☐ No

If you don't inform your patients, could you tell us why?

Tu respuesta \_\_\_\_\_

10. Do you inform your patients of the need to discard and change the solution of the storage case every day? \*

- ☐ Yes
- ☐ Not always
- ☐ No

11. Do you inform your patients about storage case cleaning and replacement? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, do you provide written information about this?

- ☐ Yes
- ☐ No

12. According to the information you provide your patients, storage cases should be replaced... \*

- ☐ 1 – 2 months
- ☐ 2 – 4 months
- ☐ 4 - 6 months
- ☐ 6 months
- ☐ With every new bottle of liquid
- ☐ I do not provide this information

Do you give your patients free kits (e.g. new storage cases) at follow-up visits? \*

- ☐ Yes
- ☐ Not always
- ☐ No

13. Do you recommend your own brand of maintenance solution? (e.g. a solution with the name of the national retail chain) \*

☐ Yes

☐ No

14. How do you provide patients with maintenance solutions? \*

☐ The bottle alone

☐ The bottle inside the corresponding packaging with instructions and a new storage case

15. Do you ever do any kind of sales campaign or promotion for maintenance solutions? \*

☐ Yes

☐ No

If you do, could you give us an example?

Tu respuesta \_\_\_\_\_

16. According to the information you provide your patients, maintenance solutions should be replaced... \*

☐ 1 – 2 months

☐ 2 – 4 months

☐ 4 - 6 months

☐ > 6 months

☐ According to the manufacturer's own recommendations

☐ Others



If you offer any other recommendation, please share it with us

Tu respuesta

17. Do you inform patients about CLs and the use of make-up? \*

- ☐ Yes
- ☐ Not always
- ☐ No

18. How difficult is it for patients to attend follow-up visits at the scheduled time?  
Please rate from 1 (not difficult) to 10 (very difficult) \*

- 1 2 3 4 5 6 7 8 9 10
- None ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very difficult

19. How do you ensure that your patients remember they have a follow-up visit?  
(You may choose more than one option). \*

- ☐ Write for them the day and time of the follow-up visit at the previous visit
- ☐ Phone call reminder
- ☐ e-mail reminder
- ☐ WhatsApp/SMS reminder
- ☐ I don't
- ☐ Others

20. At the follow-up visit, do you ask patients to show you how they clean their  
CLs? \*

- ☐ Yes
- ☐ Not always
- ☐ I don't because I rely on the patient to tell me the truth
- ☐ No, I never ask them about this after the initial fit

21. During of after the inicial fitting process, do you provide information on CL replacement schedules? \*

- ☐ Yes
- ☐ Not always
- ☐ No

If you do, how do you make sure they follow the correct schedule? (you may chose more than one option)

- ☐ Phone call reminder
- ☐ e-mail reminder
- ☐ WhatsApp/SMS reminder
- ☐ I use a mobile application
- ☐ Programmable CLs case or similar
- ☐ Others

If you use other strategies, please share them with us.

Tu respuesta

22. Do you have or ever had any type of loyalty system for CL patients? \*

- ☐ Yes
- ☐ No

If you answered affirmatively, could you share your system with us?

Tu respuesta

23. Do you ask your patients to sign any type of informed consent about use, care and maintenance of their CLs? \*

- ☐ Yes
- ☐ Only for special CLs
- ☐ No

24. We would be grateful if you could list the last 3 CLs that you have fitted. Please note type of material (RGP, hydrogel, silicone-hydrogel, etc.); type of lens (spherical, toric, multifocal, orthok, etc.); replacement (daily, weekly, etc.); maintenance (multipurpose solution, peroxide, etc.)

Tu respuesta

---

25. Have you had any patient with ocular complications related to non-compliance with CL use / care? \*

- ☐ Yes
- ☐ No

If you have, could you please describe a maximum of 3 cases: complication; possible cause of the complication; type of CL fitting; management option

Tu respuesta

---

### About CL use during COVID-19

(last few questions, thank you for your patience)

26. Did you inform your patients about the use of CLs during the COVID-19 pandemic? \*

☐ Yes

☐ No

If you did, what specific additional information did you provide them?

Tu respuesta

If you did, where did you obtain this information?

Tu respuesta

27. Did your patients ask you about CL use during the COVID-19 pandemic? \*

☐ Yes, most of them

☐ Yes, some of them

☐ Only in rare occasions

28. Have you noticed any change in the habits of your CL patients as a result of the COVID-19 pandemic? \*

☐ Yes

☐ No

If you have, could you provide us with an example?

Tu respuesta

Thank you!!

Thank you very much for your responses!

If you have any additional comments please leave them here

Tu respuesta