

OK LENS TREATMENT SURVEY

Date: ___/___/___ Patient: _____ DOB: _____

Primary reason for wearing OK lenses:

Myopia control Convenience of no glasses and/or contact lenses Other _____

How did you hear about OK lens treatment? Friends and relatives My eye doctor

Internet Newspaper/magazine Chinese School seminar

Insertion and removal of lenses: By myself By myself with help from parents By parent

Wearing schedule: Every night Every other night Other _____

***If discontinued:** When? _____ Why? _____ By whom? Myself Doctor

Cleaning: Clear Care Boston Simplus on Travel Opti-free GP Other _____

When do you use lubrication drops: Morning Evening Occasionally

Do you have the following problems/symptoms? If yes, how severe is the problem/symptom? (Circle a number; 1=least severe, 5=most severe)

Problems/symptoms:

1. Handling problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
2. Discomfort	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
3. A lot of tearing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
4. Light sensitivity	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
5. Itching	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
6. Discharge	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
7. Redness	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
8. Reading problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
9. Poor vision	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
10. Glare	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
11. Vision worsens at the end of the day	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5
12. Blinking too much	No <input type="checkbox"/>	Yes <input type="checkbox"/>	1	2	3	4	5

Rate your overall experience with OK lenses: Very good Good Average Not so good

Which one do you prefer:

- Continue wearing the OK lenses at night and enjoy no glasses/CL wear during the daytime
- Stop wearing the OK treatment and wear glasses/CL during the daytime
- No preference