



Plymouth Family Optometry

LLC

212 S. Meadow Rd, Unit 5C, Plymouth, MA 02360
Dr. Ryan Racette, Optometrist

Contact Lens Questionnaire

Brand of Contacts You are Currently Wearing _____

Name of Contact Lens Solution You Use _____

When did you start wearing contact lenses? _____

Can you see distance and near comfortably with your contact lenses? Yes No

Difficulty with Distance? Yes No

Difficulty with Near? Yes No

How many days a week do you wear your contact lenses? _____ days/week

How many hours a day do you wear your contact lenses? _____ hours/day

If you store your lenses in solution, do you discard your solution every morning? Yes No

Do you sleep overnight in your contact lenses? Yes No

If you sleep in your contacts, for how many nights in a row? _____ nights

Do you swim in your contact lenses? Yes No

Do you shower in your contact lenses? Yes No

Do you experience dryness with your contact lenses? Yes No

Do you have difficulty with seasonal allergies? Yes No

Have you ever had a contact lens related eye infection or complication? Yes No

If Yes, please explain: _____

Have your eyes become contact lens intolerant over the years? Yes No

Do you have a backup pair of glasses? Yes No

Do you rub your contact lenses with solution when cleaning? Yes No

How often do you change your contact lens case? _____

How often do you change your contact lenses? _____

How can we improve your experience with contact lenses? _____

Name of Patient/Legal Guardian _____

Signature of Patient/Legal Guardian _____