



EYECAREPLUS

CONTACT LENS SELECTION QUESTIONNAIRE

Please circle the appropriate score for each item below and total the points. The purpose of this form is to help determine how easily you will adapt to contact lenses.

1. ENVIRONMENT YOU LIVE IN

- Clean Air (Rural) 1
- Mildly polluted (Suburban) 2
- Polluted (Urban) 3
- Highly polluted (Industrial) 5

2. ALLERGIES

- None 0 • Mild 2
- Moderate 3 • Severe 5

3. SKIN TYPE

- Normal 0 • Dry 3
- Oily 3 • Sensitive 5

4. MEDICATIONS

- Antihistamines:
- Never use 0
 - Use occasionally, for a cold 1
 - Use more than once a month 3
- Diuretics:
- Never use 0
 - Use less than once a week 1
 - Use frequently 3
- Birth Control Pills:
- No 0 • Yes 3

5. TEARING

- Normal 0 • Mild 1
- Excessive 3 • Dry (sandy) 5

6. LIGHT SENSITIVITY

- None 0 • Mild 1
- Moderate 3 • Severe 5

7. EYE ITCHING

- None 0 • Mild 1
- Moderate 3 • Severe 5

8. EYE INFECTION

- Never have an eye infection 0
- Rare (less than 1 Per Year) 1
- Frequent (more than 1/Year) 3
- Continual eye infections 5

9. SENSITIVITY TO SMOKE AND CHEMICALS

- None 0 • Mild 1
- Moderate 3 • Severe 5

10. ANTICIPATED CONTACT LENS WEAR

- Few hours on social occasions 1
- Less than 8 hours a day 2
- Over 8 hours a day 3
- Extended wear (24 hours a day) 5

YOUR TOTAL SCORE: _____

KEY

- Less than 13 points Excellent potential for wearing contact lenses
- 14 to 24 points Good potential for wearing contact lenses
- 25 to 29 points Fair potential for wearing contact lenses
- Over 30 points Poor potential for wearing contact lenses