



Survey of contact lens prescribing 2022

Please complete the questions below, and then record the details of the first ten patients you fit with contact lenses.

When did you receive this survey?	Which state do you practice?	How many years?	What type of practice do you mainly work in?
Date:	ACT NT NSW QLD SA TAS VIC WA	Fitting lenses:	<input type="checkbox"/> independent (1 – 9 practices) <input type="checkbox"/> regional (10 – 49 practices) <input type="checkbox"/> national (50 or more practices)

General information ¹						Rigid/hard lenses				Soft lenses ²				Lens design ³								Replacement frequency						Times per week lenses likely to be worn ⁴	Modality ⁵		Care system						
Date	Px	Age	Sex	New	Refit	Scleral	PMMA	RGP Dk <40	RGP Dk 40-90	RGP Dk >90	Conventional <40%	Conventional 40-60	Conventional >60%	Silicone hydrogel	Sphere	Toric	Multi-focal	Mono-vision	Cosmetic tint	Std. OK ³	Myopia Control ³	Other	Daily	1-2 weeks	1 month	3-6 months	12 months	Un-planned		Daily wear	Extended wear	Multi purpose	Per-oxide	Other	None		
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Some explanatory notes

- New fit.** Someone with no previous lens experience, or who has not worn lenses for a number of years.
Refit. Someone who is an existing wearer who is being fitted because the wearing pattern has changed, another lens type is being tried, a lens is being fitted as a problem solver etc.
- Soft lenses.** These are split into 'silicone hydrogels' and 'conventional' materials. Conventional materials are listed with their water contents.
- Lens design.** Tick as many boxes as needed in this category. 'Std OK' refers to standard refractive correction with orthokeratology. 'Myopia control' includes the fitting of orthokeratology or special soft lens designs specifically to arrest myopia progression.
- Times per week lenses likely to be worn.** If 'daily wear', please indicate how many days per week; if 'extended wear', indicate the number of nights slept in per week. Maximum value = 7.
- Modality.** A patient who will sleep in their lenses occasionally is still classed as 'extended wear'.

When complete, please scan, or take a photo of this form, and e-mail to: au@contactlensprescribing.com

Please return this form by April 30, even if you have not completed 10 patients.