

Survey of contact lens prescribing 2025



If you do not fit contact lenses, please pass this to a colleague who does!

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

Date you received this survey?	Province you practice in?	How Many years:	What type of practice do you primarily work in							
		Qualified: Fitting contact lenses:	☐ Independent (1-9 practices) ☐ Regional (10-49 practices) ☐ National (50 or more pratices)							

						Tick one box only					Tie	ck one	box only	Tick as many boxes as apply										ck one				Tick on	е	Tick one box only			
General information ¹					Rigid/hard lenses					Soft lenses ²			Lens design ³							Replacement frequency						Modalit	y ⁵	Care	syster	m			
Date	Px	Age	Sex	New	Refit	Scleral	РММА	RGP Dk <40	RGP Dk 40-90	RGP Dk >90	Conven tional <40%	Conven tional 40-60	Conven tional >60% Silicone hydrogel	Sphere	Toric	Multi- focal	Mono- vision	Cos- metic tint	Std OK ³	Myopia Control ³	Other	Daily	1-2 weeks	1 month	3-6 months	12 Un- months planned	likely to be worn ⁴	Daily wear	ded	Multi pur- pose Per- oxide	Other	None	
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	2																																
	3																																
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	5																																
	6																																
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	10																																

Some explanatory notes

- 1. New fits and refits. A 'new fit' is someone with no previous lens experience, or who has not worn lenses for a number of years. 'Refits' are existing wearers who are fitted because their wearing pattern has changed, they are keen to try another lens type, as a problem solver etc.
- 2. Soft lenses. These are split into 'silicone hydrogels' and 'conventional' materials. Conventional materials are listed with their water contents.
- 3. 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.
- 4. 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.
- 5. Modality. A patient who will sleep in their lenses occasionally is still classed as 'extended wear'.