

Survey of contact lens prescribing 2026

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 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	Mon-vision	Cos-metic tint	Std OK ³	Myopia Control ³	Other	Daily	1-2 weeks	1 month	3-6 months	12 months	Un-planned		Daily wear	Ex-tended wear	Multi pur- pose	Per-oxide	Other	None		
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Some explanatory notes

- 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.
- 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 completed, please return this form to Debbie Jones, School of Optometry, University of Waterloo, 200 University Ave W, Waterloo, Ontario N2L3G1. dajones@uwaterloo.ca
 Fax: 519 340 6821 or email to results@contactlensprescribing.com Please return by the end of August 2026 even if you have not completed 10 patients