Patient/Subject #:_____

Date:__/___/____Time:_____

CONTACT LENS QUESTIONNAIRE-8 (CLDEQ-8)

1. Questions about **EYE DISCOMFORT**:

   a. During a typical day in the past 2 weeks, **how often** did your eyes feel discomfort while wearing your contact lenses?

   0 Never
   1 Rarely
   2 Sometimes
   3 Frequently
   4 Constantly

   When your eyes felt discomfort with your contact lenses, **how intense was this feeling of discomfort…**

   b. At the end of your wearing time?

Never have it	Not at All Intense				Very Intense
0	**1**	**2**	**3**	**4**	**5**

2. Questions about **EYE DRYNESS**:

   a. During a typical day in the past 2 weeks, **how often** did your eyes feel dry?

   0 Never
   1 Rarely
   2 Sometimes
   3 Frequently
   4 Constantly

   When your eyes felt dry, **how intense was this feeling of dryness**…

   b. At the end of your wearing time?

Never have it	Not at All Intense				Very Intense
0	**1**	**2**	**3**	**4**	**5**

3. Questions about **CHANGEABLE, BLURRY VISION:**

   a. During a typical day in the past 2 weeks, **how often** did your vision change between clear and blurry or foggy while wearing your contact lenses?

   0 Never
   1 Rarely
   2 Sometimes
   3 Frequently
   4 Constantly

   When your vision was blurry, **how noticeable was the changeable, blurry, or foggy vision** …

   b. At the end of your wearing time?

Never have it	Not at All Intense				Very Intense
0	**1**	**2**	**3**	**4**	**5**

4. Question about **CLOSING YOUR EYES:** During a typical day in the past 2 weeks, **how often** did your **eyes bother you so much that you wanted to close them**?

   0 Never
   1 Rarely
   2 Sometimes
   3 Frequently
   4 Constantly

5. Question about **REMOVING YOUR LENSES:** How often during the past 2 weeks, did your eyes *bother you so much* while wearing your contact lenses that you felt as if you needed to stop whatever you were doing and **take out your contact lenses**?

   1 Never
   2 Less than once a week
   3 Weekly
   4 Several times a week
   5 Daily
   6 Several times a day