Ministry of Health
Alexandria Health Affairs Directorate
Alexandria Ophthalmology Hospital
Cornea clinic

A Questionnaire for contact lens users

Date: .... /...../20…
Age:
Sex: Male/Female

From where do you purchase your contact lenses?		
Hairdressers or beauty shops	Ophthalmologists or contact lens centers	
The purpose of wearing lenses?		
To improve vision	Cosmetic	
Do you wash your hands before wearing them every time?		
Yes	No	
How often do you change solution inside the lens case?		
With each use	Weekly	Monthly
How often do you change your contact lens case?		
Less than 3 months	3 to 6 months	More than 6 months
How many hours do you wear your contact lenses a day?		
less than 6 hours	6 to 12 hours	More than 12 hours
Do you wear your contact lenses during sleeping?		
Yes	No	
Do you wear your contact lenses during swimming or showering?		
Yes	No	
Have you washed the lenses with water?		
Yes	No	
Have you borrowed the lenses from any one?		
Yes	No	
Have you injured your eye while putting on or removing lenses?		
Yes	No	

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Cases with positive corneal signs

Patient's name:

Patient's ID:

Clinical presentation:

Normal group	keratitis group	
	Non-microbial keratitis	Microbial keratitis
		bacterial
		fungal
		acanthamoeba
		viral
		mixed