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## *CI Case History Questions*

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- Do you like wearing your contact lenses? What could be done to make them better?
- Are your lenses comfortable? Do your eyes feel dry while wearing your lenses?
- Do you see well at both distance and near with your lenses?
- How long have you worn your lenses today & on average?
- How old is this pair of lenses? How often do you replace your lenses?
- What care system do you use and how do you use it? How long have you been using this solution?
- When was the last time you replaced your lens case?
- Do you experience any ocular redness, irritation, drying, itching or discomfort? If yes, after how many hours of contact lens wear?
- Do you sleep or nap in your lenses? How long? Would you like to?
- Do you shower or swim in your lenses?
- Would you be interested in toric/multifocal/1-day/colored lenses?
- Do you have any questions about your contact lenses?