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 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 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 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

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