

# Contact Lens Evaluation Form

**Brand:** \_\_\_\_\_

**Date of First Use:** \_\_\_\_\_

Rate Each Item Below on a Scale of 0 to 5 with 0 Being the Worst and 5 Being the Best:

- |  |           |
|--|-----------|
| 1. They Were Easy to Put In                          | 1 2 3 4 5 |
| 2. Once In, They Were Comfortable                    | 1 2 3 4 5 |
| 3. They Felt Comfortable All Day                     | 1 2 3 4 5 |
| 4. Dryness - They Stayed Moisturized All Day         | 1 2 3 4 5 |
| 5. I Was Able to Keep Them In As Long As I Needed To | 1 2 3 4 5 |
| 6. They Were Easy to Take Out                        | 1 2 3 4 5 |

**TOTAL SCORE:** \_\_\_\_\_

Highest Score Possible: 30  
Lowest Score Possible: 0

Other Notes:

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