

Dear Eye Care Practitioner,

We are conducting a survey to understand the potential barriers, motivating factors and enablers to prescribe multi focal contact lenses (MFCL).

We would appreciate if you could complete the attached brief survey. Completion of the survey is expected to take about 5 minutes. The questions are quite general. There are no known or anticipated risks to participation in this study. Participation in this project is voluntary and anonymous. Further, all information you provide will be kept confidential.

If you wish to participate in this survey, kindly sign the consent.

Consent of Participant

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Nilesh Thite, Ukti Shah and Jasmin Mehta. I have had the opportunity to ask any questions related to this study, and any additional details I wanted. I am aware that I may withdraw from the study without penalty at any time by advising the researchers of this decision.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

(Print Name)

General information:-

1. Name (optional): _____
2. Gender: Male/Female
3. In which Eye care set-up are you working?
Stand alone practice ☐ Retail chains ☐ Hospital based clinic ☐
4. Educational Qualification _____
5. How many years have you been practicing contact lenses? _____
6. Location of practice _____ (city) _____ (state)
7. IACLE member / FIAACLE / NA (circle appropriate response)
8. Date of completing the survey: _____
9. On average how many patients do you fit with Multi focal contact lenses (MFCL) in a month?
(One patient = 6 months supply of MFCL)
 - a. One or Less ☐ please complete survey A
 - b. 2 to 4 ☐ please complete survey B.
 - c. More than 4 ☐ please complete survey B.

SURVEY "A"

Please read the following potential barriers in prescribing and fitting MFCL and mark your level of agreement

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
1. The availability of power range in current MFCL is limited					
2. I am not confident in fitting MFCL					
3. I feel there is lack of knowledge and skill in fitting these lenses					
4. These lenses do not provide good business proposition					
5. MFCL counselling and fitting takes a lot of chair time					
6. I am not very motivated to fit MFCL					
7. The MFCL trial lenses are not readily available					
8. The available MFCL material cannot be worn for long hours					

Please read the following potential barriers from a contact lens wearer's perspective for not using MFCL and mark your level of agreement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Lens wearers are not motivated for wearing MFCL					
2. They are not satisfied with the vision they get with MFCL					
3. There is less awareness about MFCL among consumers / patients					
4. They feel these lenses are expensive					

Thank you very much for your valuable inputs and time.

SURVEY "B"

Please read the following potential reasons that motivate you to fit MFCL and mark your level of agreement

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Fitting MFCL leads to multiple sales and is thus a better business proposition					
2. Fitting these specialty lenses gives me professional satisfaction					
3. These lenses increase my patient's loyalty					
4. Satisfied MFCL user sends more referrals that add to my business and patient base					

Please read the following enablers for fitting MFCL and mark your level of agreement

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. I have adequate knowledge and skills to fit MFCL					
2. Good communication makes it easy for motivating and convincing patient to use MFCL					
3. Correct patient selection gives desired outcomes in fitting MFCL					
4. Trial lens availability helps in increasing my confidence in fitting these lenses					
5. Marketing has spread good awareness among consumers about MFCL					

Please read the following potential motivators from a lens wearer's perspective for using MFCL and mark your level of agreement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. MFCL provide desired natural look					
2. These lenses serve lens users' professional requirement					
3. These lenses provide clear vision at all distances					
4. They are already a contact lens wearer and want to continue using them					
5. MFCL offer freedom from any specific eye and head postures					
6. It is cost effective when compared with advanced progressive addition lenses					
7. They provide good field of view without any frame restrictions and aberrations					

Thank you very much for your valuable inputs and time.