



Dry Eye Questionnaire

1. During a typical day in the past month, how often did your eyes feel discomfort?
 - Never (0)
 - Rarely (1)
 - Sometimes (2)
 - Frequently (3)
 - Constantly (4)
2. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within TWO hours of going to bed?
 - Never have it (0)
 - Limited intensity (1)
 - Minor Intensity (2)
 - High Intensity (3)
 - Extreme Intensity (4)
3. During a typical day in the past month, **how often** did you eyes feel dry?
 - Never (0)
 - Rarely (1)
 - Sometimes (2)
 - Frequently (3)
 - Constantly (4)
4. When your eyes felt dry, **how intense was this feeling of dryness** at the end of the day, within TWO hours of going to bed?
 - Never have it (0)
 - Limited intensity (1)
 - Minor Intensity (2)
 - High Intensity (3)
 - Extreme Intensity (4)

5. During a typical day in the past month, **how often** did your eyes look or feel excessively watery?

Never (0)

Rarely (1)

Sometimes (2)

Frequently (3)

Constantly (4)

Score: 1 _____ + 2 _____ + 3 _____ + 4 _____ + 5 _____ = Total _____

Are you currently using any type of lubricating drop or artificial tear?

Yes

No

Sometimes