

## DRY EYE QUESTIONNAIRE

Patient I	Name:			Date:						
•		_		• •	Disease oi		Surface D	Disease?	_	
Do vou	hovo onv	of the fol	lowing sy	mntoms?						
□ Blurry	-	or the for	iowing syl	_	ad awas a	va fatigua				
□ Bluffy					ed eyes, e			OV/OC		
□ Redness □ Burning					☐ Stringy Mucus in or around the eyes ☐ Foreign body Sensation					
☐ Burin ☐ Itchin	_				ntact Lens					
		<b>S</b> 7						n the eve		
<ul><li>□ Light Sensitivity</li><li>□ Excess Tearing/ Watering Eyes</li></ul>					<ul><li>☐ Scratchy feeling of sand or grit in the eye</li><li>☐ Fluctuation in vision</li></ul>					
Have yo	ou had an	y of the fo	ollowing s	urgeries?						
					s 🗆 No	Refractiv	ve Surgery	v: □ Yes □	∃ No	
□ OTC □ Rx ey □ Rx ey □ Rx ey □ Nutri  Are you □ Wind □ Place □ Areas	eye drops for the drops for th	or Dry Eye or Glaucor or Allergy oplements ms relate ons w humidity hir condition	e Syndron ma (e.g. X y (e.g. anti- (e.g. flaxs d to the for y (e.g. airp oned/heate	ne (e.g. Refalatan, Ti falatan, Ti finflamma seed oil, or following e falanes/hosped	molol) tory, antih mega-3) environme	istamine)				
-	_	-	following							
	nistamines	_			ormone rep	•		-		
	lepressant		nxiety		ntihyperte					
☐ Oral	corticoste	roids		□ A	ccutane or	other ora	l treatmer	it for acne	,	
Have yo	ou ever ha	d punctu	al occlusi	on? □Y	es □ No					
☐ Read ☐ Watc	ing or driv	ving a car working o	for long pon a compu	eriods uter for an	extended	period		ties?		
1 Not at all	2	3	4	5 Moderately	6	7	8	9	10 Extremely &Constantly	
				1 -						