

Complete the questionnaire and tally up your points at the bottom. This will assist your doctor in determining the severity of your dry eye.

1. Questions about Eye Discomfort

a. During a typical day in the past month, how often did your eyes feel discomfort?

0  Never 1  Rarely 2  Sometimes 3  Frequently 4  Constantly

b. 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 NOT AT ALL INTENSE VERY INTENSE

0  1  2  3  4 

2. Questions about Eye Dryness

a. During a typical day in the past month, how often did your eyes feel dry?

0  Never 1  Rarely 2  Sometimes 3  Frequently 4  Constantly

b. 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 NOT AT ALL INTENSE VERY INTENSE

0  1  2  3  4 

3. Question about Watery Eyes

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

0  Never 1  Rarely 2  Sometimes 3  Frequently 4  Constantly

SCORE

1a + 1b + 2a + 2b + 3 = Total

_____ + _____ + _____ + _____ + _____ = _____