## Take the dry eye questionnaire & Share the results with your eye doctor

To help determine if you may have Chronic Dry Eye disease, take the Dry Eye Questionnaire eye doctors use.

Answer the following questions based on the last week and follow the steps to get your score. Share the results of where you fall on the Dry Eye Severity Scale with your eye doctor.

## Have you experienced any of the following?

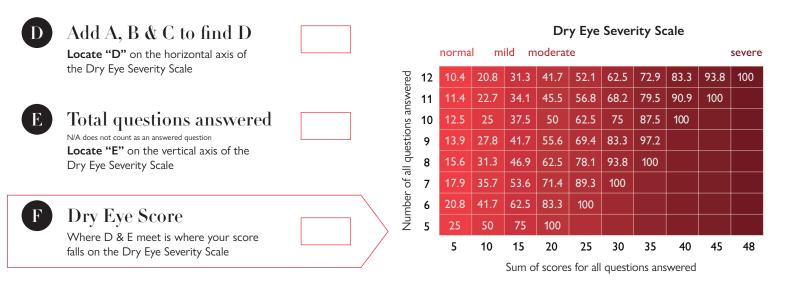
Physical Symptoms	All of the time		Half of the time		None of the time	
Eyes that are sensitive to light	4	3	2	1	0	
Eyes that feel gritty	4	3	2	1	0	A
Painful or sore eyes	4	3	2	1	0	Tetal
Blurred vision	4	3	2	1	0	Total
Poor vision	4	3	2	1	0	

## Have problems with your eyes limited you in performing any of the following?

Daily Symptoms	All of the time		Half of the time		None of the time	
Reading	4	3	2	1	0	В
Driving at night	4	3	2	1	0	Total
Working with a computer	4	3	2	1	0	Total
Watching TV	4	3	2	1	0	

## Have your eyes felt uncomfortable in any of the following situations?

Environmental Factors	All of the time		Half of the time		None of the time	C
Windy conditions	4	3	2	1	0	Total
Places with low humidity (very dry)	4	3	2	1	0	TOTAL
Areas that are air conditioned	4	3	2	1	0	



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