

# 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.

## A 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                |  |
| Painful or sore eyes             | 4               | 3 | 2                | 1 | 0                |  |
| Blurred vision                   | 4               | 3 | 2                | 1 | 0                |  |
| Poor vision                      | 4               | 3 | 2                | 1 | 0                |  |

**A**

Total

## B 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                |  |
| Driving at night        | 4               | 3 | 2                | 1 | 0                |  |
| Working with a computer | 4               | 3 | 2                | 1 | 0                |  |
| Watching TV             | 4               | 3 | 2                | 1 | 0                |  |

**B**

Total

## C 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 |  |
|-------------------------------------|-----------------|---|------------------|---|------------------|--|
| Windy conditions                    | 4               | 3 | 2                | 1 | 0                |  |
| Places with low humidity (very dry) | 4               | 3 | 2                | 1 | 0                |  |
| Areas that are air conditioned      | 4               | 3 | 2                | 1 | 0                |  |

**C**

Total

## D Add A, B & C to find D

Locate "D" on the horizontal axis of the Dry Eye Severity Scale

## E Total questions answered

N/A does not count as an answered question

Locate "E" on the vertical axis of the Dry Eye Severity Scale

## F Dry Eye Score

Where D & E meet is where your score falls on the Dry Eye Scale

Dry Eye Severity Scale

|                                  |    | normal | mild                                     | moderate | severe |      |      |      |      |      |     |    |  |
|----------------------------------|----|--------|--|----------|--------|------|------|------|------|------|-----|----|--|
| Number of all questions answered | 12 | 10.4   | 20.8                                     | 31.3     | 41.7   | 52.1 | 62.5 | 72.9 | 83.3 | 93.8 | 100 |    |  |
|                                  | 11 | 11.4   | 22.7                                     | 34.1     | 45.5   | 56.8 | 68.2 | 79.5 | 90.9 | 100  |     |    |  |
|                                  | 10 | 12.5   | 25                                       | 37.5     | 50     | 62.5 | 75   | 87.5 | 100  |      |     |    |  |
|                                  | 9  | 13.9   | 27.8                                     | 41.7     | 55.6   | 69.4 | 83.3 | 97.2 |      |      |     |    |  |
|                                  | 8  | 15.6   | 31.3                                     | 46.9     | 62.5   | 78.1 | 93.8 | 100  |      |      |     |    |  |
|                                  | 7  | 17.9   | 35.7                                     | 53.6     | 71.4   | 89.3 | 100  |      |      |      |     |    |  |
|                                  | 6  | 20.8   | 41.7                                     | 62.5     | 83.3   | 100  |      |      |      |      |     |    |  |
|                                  | 5  | 25     | 50                                       | 75       | 100    |      |      |      |      |      |     |    |  |
|                                  |    |        | 5  | 10       | 15     | 20   | 25   | 30   | 35   | 40   | 45  | 48 |  |
|                                  |    |        | Sum of scores for all questions answered |          |        |      |      |      |      |      |     |    |  |