

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	
	4	3	2	1	0	0
Eyes that are sensitive to light	4	3	2	1	0	0
Eyes that feel gritty	4	3	2	1	0	0
Painful or sore eyes	4	3	2	1	0	0
Blurred vision	4	3	2	1	0	0
Poor vision	4	3	2	1	0	0

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	
	4	3	2	1	0	0
Reading	4	3	2	1	0	0
Driving at night	4	3	2	1	0	0
Working with a computer	4	3	2	1	0	0
Watching TV	4	3	2	1	0	0

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

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									