

DRY EYE SYMPTOMS QUESTIONNAIRE

Please check all of the symptoms you are currently experiencing:

- Burning eyes
- Sandy or gritty feeling
- Itching
- Dryness of the eyes
- Watering eyes
- Sensation of foreign matter in the eyes
- Tired eyes
- Constant or occasional tearing
- Lid infection
- Redness
- Light sensitivity
- Eye pain or soreness
- Stringy mucus in or around the

Related Conditions:

- Allergies or hay fever
- Asthma
- Bronchitis
- Chronic cough
- Dry throat or mouth
- Sneezing
- Headaches
- Middle ear congestion
- Joint or arthritis pain
- Nasal or sinus congestion
- Post-nasal drip
- Runny nose

Do you use lubricating eye drops or artificial tears? If so, what brand?

Do you have seasonal allergies? If so, please list:

Do you use eye drops for the treatment of Glaucoma? If so, what brand? _____

Are your eyes sensitive to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Tobacco smoke | <input type="checkbox"/> Contact lens wear |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Wind | <input type="checkbox"/> Heaters |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Smog | <input type="checkbox"/> Computer screens |

If you wear contact lenses or have worn contacts in the past, please answer the following:

- Yes No Do you wear contact lenses? If so, how many years have you worn them? _____
- Yes No Are they comfortable throughout the day?
- Yes No Are your eyes sensitive to contact lens solution?
- Yes No Have you worn contact lenses before and then quit for some reason?
What was the reason for quitting?

Patient Name: _____

Date: _____

Patient Signature: X _____