



# DRY EYE DISEASE QUESTIONNAIRE

Patient Name or ID: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_

## Do you have any of the following symptoms?

- |                                            |                                                                      |
|--------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Dry eyes          | <input type="checkbox"/> Excess tearing/watering eyes                |
| <input type="checkbox"/> Blurry vision     | <input type="checkbox"/> Tired eyes, eye fatigue                     |
| <input type="checkbox"/> Redness           | <input type="checkbox"/> Stringy mucus in or around the eyes         |
| <input type="checkbox"/> Burning           | <input type="checkbox"/> Foreign body sensation                      |
| <input type="checkbox"/> Itching           | <input type="checkbox"/> Contact lens discomfort                     |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Scratchy feeling of sand or grit in the eye |

## Have you ever been diagnosed with Dry Eye Disease or Ocular Surface Disease?

YES  NO When? \_\_\_\_\_

### If YES, is your appointment today to monitor dry eye treatment?

YES  NO

## Do you use?

- Contact lenses
- Over the counter eye drops such as artificial tears
- Eye drops for dry eye disease (e.g., Restasis\*)
- Eye drops for glaucoma (e.g., Latanoprost, Travatan\*, Lumigan\*)
- Eye drops for allergy (e.g., Pred Forte\*, Pataday\*)
- Nutritional supplements (e.g., Omega-3)

## Have you ever been diagnosed with any of the following:

- Sjogrens Syndrome
- Rosacea
- Multiple Sclerosis
- Rheumatoid Arthritis
- Thyroid Disease

## Have you ever had punctal plugs? YES NO

*If the information provided in this form, in conjunction with other clinical data, raises the suspicion of Dry Eye Disease, then obtaining a Tear Osmolarity Test may be indicated. I reviewed this form and based on the information contained therein and other available clinical data, I suspect that this patient has dry eye disease and obtaining a tear osmolarity measurement is medically necessary for the diagnosis and management of this patient's ocular problem(s).*

Attending Clinician: \_\_\_\_\_ Date: \_\_\_\_\_