

## Ocular Surface Disease Index<sup>®</sup> (OSDI<sup>®</sup>)<sup>2</sup>

Ask your patients the following 12 questions, and circle the number in the box that best represents each answer. Then, fill in boxes A, B, C, D, and E according to the instructions beside each.

<b>Have you experienced any of the following <i>during the last week</i>?</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>Half of the time</b>	<b>Some of the time</b>	<b>None of the time</b>
1. Eyes that are sensitive to light? ..	4	3	2	1	0
2. Eyes that feel gritty? .....	4	3	2	1	0
3. Painful or sore eyes? .....	4	3	2	1	0
4. Blurred vision? .....	4	3	2	1	0
5. Poor vision? .....	4	3	2	1	0

Subtotal score for answers 1 to 5

<b>Have problems with your eyes limited you in performing any of the following <i>during the last week</i>?</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>Half of the time</b>	<b>Some of the time</b>	<b>None of the time</b>	<b>N/A</b>
6. Reading? .....	4	3	2	1	0	N/A
7. Driving at night? .....	4	3	2	1	0	N/A
8. Working with a computer or bank machine (ATM)? .....	4	3	2	1	0	N/A
9. Watching TV? .....	4	3	2	1	0	N/A

Subtotal score for answers 6 to 9

<b>Have your eyes felt uncomfortable in any of the following situations <i>during the last week</i>?</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>Half of the time</b>	<b>Some of the time</b>	<b>None of the time</b>	<b>N/A</b>
10. Windy conditions? .....	4	3	2	1	0	N/A
11. Places or areas with low humidity (very dry)? .....	4	3	2	1	0	N/A
12. Areas that are air conditioned? .....	4	3	2	1	0	N/A

Subtotal score for answers 10 to 12

Add subtotals A, B, and C to obtain D  
(D = sum of scores for all questions answered)

Total number of questions answered  
(do not include questions answered N/A)

Please turn over the questionnaire to calculate the patient's final OSDI<sup>®</sup> score.