



DRY EYE FOLLOW-UP QUESTIONNAIRE

PATIENT NAME (LAST, FIRST): _____, _____

DATE (DD/MM/YYYY): _____ DAY _____ - _____ - _____

HOW FREQUENTLY DO YOUR EYES SEEM DRY DURING A TYPICAL DAY?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOUR EYES FEEL SCRATCHY OR GRITTY?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOU EVER EXPERIENCE SORENESS IN OR AROUND THE EYES?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOUR EYES BURN?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOUR EYES SEEM RED?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOU USE ARTIFICIAL TEAR EYE DROPS?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOU HAVE EYE IRRITATION AS YOU WAKE FROM SLEEP?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DO YOU EVERY EXPERIENCE WATERY EYES?

- NEVER RARELY OFTEN ALWAYS

HOW FREQUENTLY DOES YOUR VISION SEEM BLURRY, AND THEN CLEAR UP AFTER YOU BLINK?

- NEVER RARELY OFTEN ALWAYS

FOR CONTACT LENSES WEARERS ONLY:

HOW FREQUENTLY DO YOU EXPERIENCE DRY EYE SYMPTOMS WHILE WEARING CONTACTS?

- NEVER RARELY OFTEN ALWAYS

WHICH BEST DESCRIBES YOUR COMFORT LEVEL DURING CONTACT LENS WEAR?

- ALWAYS COMFORTABLE RARELY COMFORTABLE SOMETIMES COMFORTABLE NEVER COMFORTABLE

FOR CLINIC USE ONLY:

CURRENT SCORE: _____ / 44