



Name: \_\_\_\_\_

**Dry Eye Disease/Ocular Surface Test Questionnaire**

Have you used eye drops in the last 2-hours Y or N

**Please circle the FREQUENCY of your dry eye symptoms**

Dryness, Grittiness or Scratchiness	Never <sup>0</sup>	Sometimes <sup>1</sup>	Often <sup>2</sup>	Constant <sup>3</sup>
Soreness or Irritation	Never <sup>0</sup>	Sometimes <sup>1</sup>	Often <sup>2</sup>	Constant <sup>3</sup>
Burning or Watering	Never <sup>0</sup>	Sometimes <sup>1</sup>	Often <sup>2</sup>	Constant <sup>3</sup>
Eye Fatigue	Never <sup>0</sup>	Sometimes <sup>1</sup>	Often <sup>2</sup>	Constant <sup>3</sup>

**Please circle the SEVERITY of your dry eye symptoms.**

Dryness, Grittiness or Scratchiness	Never <sup>0</sup>	Tolerable <sup>1</sup>	Uncomfortable <sup>2</sup>	Bothersome <sup>3</sup>	Intolerable <sup>4</sup>
Soreness or Irritation	Never <sup>0</sup>	Tolerable <sup>1</sup>	Uncomfortable <sup>2</sup>	Bothersome <sup>3</sup>	Intolerable <sup>4</sup>
Burning or Watering	Never <sup>0</sup>	Tolerable <sup>1</sup>	Uncomfortable <sup>2</sup>	Bothersome <sup>3</sup>	Intolerable <sup>4</sup>
Eye Fatigue	Never <sup>0</sup>	Tolerable <sup>1</sup>	Uncomfortable <sup>2</sup>	Bothersome <sup>3</sup>	Intolerable <sup>4</sup>

**Please circle if you have experienced these symptoms:**

Today                      within the past 72 hours                      within the past 3 months

Do you use eye drops and/or ointments? Y or N                      Have you used them today? Y or N

Name of drops: \_\_\_\_\_                      How long are they effective? \_\_\_\_\_

Do the drops last 4 hours? Y or N                      Do any gels last 12 hours? Y or N

Did you use Moisturizer, lotions or creams around eyes today? Y or N

Did you use makeup today? Y or N

Have you touched/rubbed your eye(s) today? If yes, when?                      How?

Have you ever been told you have BLEPHARITIS? Y or N                      STYE? Y or N

Do you have fluctuating vision problems (that gets better with BLINKING)?

Never                      Sometimes                      Frequently                      A lot / Always

*For Office use only*

**TEAR LAB TESTING DONE?                      Y or N**