

DRYEYE-Q TEST

1 Circle the number that best describes your condition and enter the number in the adjacent box.

How often do you have these eye problems?	never	sometimes	frequently	always	score
Redness	0	3	4	5	
Sandy or Gritty Sensation	0	4	5	6	
Itching	0	3	4	5	
Excess Watering	0	3	4	5	
Burning	0	4	5	6	
Excess Mucous	0	3	4	5	
Blurred Vision (corrected by blinking)	0	4	5	6	

Are your eyes sensitive to these conditions?	never	sometimes	frequently	always	score
Smoke	0	2	3	4	
Light	0	2	3	4	
Air Pollution	0	2	3	4	
Wind	0	2	3	4	
Computer Screens	0	2	3	4	
Heaters	0	2	3	4	
Air Conditioning	0	2	3	4	
Contact Lenses	0	2	3	4	

How often do you use these medications?	never	sometimes	frequently	always	score
Anti-Depressants	0	1	2	3	
Redness Reducing Eye Drops	0	1	2	3	
Decongestants	0	1	2	3	
Antihistamines	0	1	2	3	
Blood Pressure Medication	0	3	4	5	
Artificial Tears	0	1	2	3	
Hormones	0	1	2	3	
Oral Contraceptives	0	1	2	3	
Diuretics	0	1	2	3	
Ulcer Medication	0	1	2	3	
Tranquilizers	0	1	2	3	
Beta Blockers	0	1	2	3	
Incontinence Therapies	0	1	2	3	

Have you been diagnosed with any of these conditions?	yes	no	score
Thyroid Abnormalities	2	0	
Rheumatoid Arthritis	2	0	
Asthma	2	0	
Diabetes	2	0	
Glaucoma	2	0	
Lupus	2	0	
Rosacea	2	0	

Are you over 50? 5 0

Do you experience contact lens discomfort? 4 0

Are you post menopausal? 5 0

Do you get eye strain? 4 0

Do you blink your eyes excessively? 4 0

Are you considering Refractive surgery? (i.e., RK, PRK, LASIK, LTK) 5 0

2 Total the numbers in the score column. If your score was 30 or higher, or you suspect that you may have Dry Eye Syndrome, consult your dry eye specialist.

Total