1-800-708-8800
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Dry Eye Questionnaire

Instructions:

Answer each of the following questions to help your physician determine whether you have Dry Eye Syndrome.

Personal Information

Name:	______________________________			
Date:	______________________________			
Sex:	❑	Male	❑	Female
Pregnant or nursing:	❑	Yes	❑	No
Over age 40:	❑	Yes	❑	No

Activities

Circle Yes *or* No. *Answers should reflect your usual routine.*

Do you . . .	***Yes***	***No***
Use a computer for more than 1 hour per day?	❑	❑
Read for more than 1 hour per day?	❑	❑
Use tobacco?	❑	❑
Drink more than 3 caffeinated drinks (coffee, tea, soda) per day?	❑	❑
Wear contact lenses?	❑	❑
Travel in airplanes more than twice per month?	❑	❑
Regularly use a ceiling fan in your bedroom?	❑	❑
Get less than 7 hours of sleep per night?	❑	❑

Choose the answer that best describes you:	3 or more	Less than 3
How many glasses of water do you drink per day?	❑	❑
How many servings of fish do you eat per week?	❑	❑
How many different medications do you currently take?	❑	❑

Medications

Check all that apply:

Do you currently take any of the following medications?

❑	Birth control pills	❑	Antihistamines
❑	Beta blockers	❑	Anti-depressants
❑	Diuretics	❑	Hormone replacement therapy
❑	Active bladder therapy	❑	Accutane

Do you use any of the following eye drops?

❑ Glaucoma drops

❑ Allergy drops

❑ Artificial tears

If checked, please give the brand: _____________

Do you use artificial tears 4 or more times per day? ___________

How long does relief last after you take artificial tears?

❑ Less than 15 minutes

❑ Less than 1 hour

❑ More than 1 hour

Symptoms

Which of the following ocular symptoms have you experienced in the past week?

❑	Stinging	❑	Itching	❑	Crusting on your eyelids
❑	Tearing	❑	Burning	❑	Occasional blurred vision
❑	Grittiness	❑	Redness	❑	Sensitivity to light
❑	Aching	❑	Glare	❑	Night driving problems
❑	Dryness	❑	Dry mouth	❑	Swollen or red eyelids

Medical History

Which of the following have you been diagnosed with?

❑	Thyroid disease	❑	Diabetes	❑	MS
❑	Sleep disorders	❑	Shingles	❑	Sarcoid
❑	Arthritis	❑	Lupus	❑	Acne Rosacea