# DRY EYE QUIZ

Patient Name: _____ Date: _____

**How often do you have these eye problems?**

| | | | | | |
|---|---|---|---|---|---|
| a. | Redness | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| b. | Sandy-Gritty Feeling | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| c. | Itching | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| d. | Excess Watering | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| e. | Burning | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| f. | Excess Mucous | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| g. | Blurry Vision (helped by blinking) | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |

**Are your eyes sensitive to these conditions?**

| | | | | | |
|---|---|---|---|---|---|
| a. | Smoke | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| b. | Light | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| c. | Air Pollution | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| d. | Wind | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| e. | Computer Screens | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| f. | Heaters | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| g. | Air Conditioning | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |
| h. | Contact Lenses | ☐ Never | ☐ Rarely | ☐ Commonly | ☐ Always |

**Do you have any of these problems?**

| | | | |
|---|---|---|---|
| a. | Do you get eye strain? | ☐ No | ☐ Yes |
| b. | Do you blink your eyes excessively? | ☐ No | ☐ Yes |