

# DRY EYE-Q TEST

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
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Do you experience contact lens discomfort?	4	0
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Are you post menopausal?	5	0
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Do you get eye strain?	4	0
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Do you blink your eyes excessively?	4	0
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Are you considering Refractive surgery? (i.e. RK, PRK, LASIK, LTK)	5	0
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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