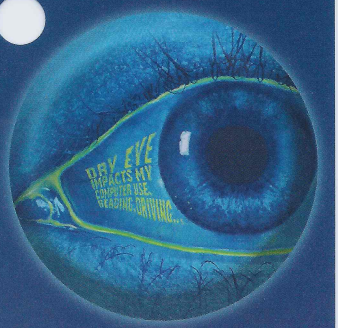
HOW DO YOUR EYES ADD UP?



Everyone experiences some eye discomfort. But if your eyes frequently burn, itch, or feel gritty, you may be experiencing symptoms of Dry Eye Disease.[1,2]

Over time, symptoms of Dry Eye Disease may get worse. Dry Eye Disease may lead to damage on the eye surface. It can also impact your vision, making everyday activities like driving at night or working on a computer more difficult.[2,3]

The good news is that your Eye Care Professional can provide treatment options to help manage Dry Eye Disease.

To help your Eye Care Professional determine if you have Dry Eye Disease, answer the 12 questions below. Then, fill in boxes A, B, C, D, and E according to the instructions beside each.

Be sure to give the completed form to your Eye Care Professional BEFORE your exam.

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING *DURING THE LAST WEEK*?

Please circle your answers

A. Physical Symptoms	All of the time	Most of the time	Half of the time	Some of the time	None of the time	
1. Eyes that are sensitive to light	4	3	2	1	0	N/A
2. Eyes that feel gritty	4	3	2	1	0	N/A
3. Painful or sore eyes	4	3	2	1	0	N/A
4. Blurred vision	4	3	2	1	0	N/A
5. Poor vision	4	3	2	1	0	N/A

Subtotal score for answers 1 to 5 [A]

HAVE PROBLEMS WITH YOUR EYES LIMITED YOU IN PERFORMING ANY OF THE FOLLOWING *DURING THE LAST WEEK*?

Please circle your answers

B. Daily Activities	All of the time	Most of the time	Half of the time	Some of the time	None of the time	
6. Reading	4	3	2	1	0	N/A
7. Driving at night	4	3	2	1	0	N/A
8. Working with a computer or bank machine (ATM)	4	3	2	1	0	N/A
9. Watching TV	4	3	2	1	0	N/A

Subtotal score for answers 6 to 9 [B]

HAVE YOUR EYES FELT UNCOMFORTABLE IN ANY OF THE FOLLOWING SITUATIONS *DURING THE LAST WEEK*?

Please circle your answers

C. Environmental Factors	All of the time	Most of the time	Half of the time	Some of the time	None of the time	
10. Windy conditions	4	3	2	1	0	N/A
11. Places or areas with low humidity (very dry)	4	3	2	1	0	N/A
12. Areas that are air conditioned	4	3	2	1	0	N/A

Subtotal score for answers 10 to 12 [C]

ADD SUBTOTALS A, B, AND C TO OBTAIN D [0] TOTAL NUMBER OF QUESTIONS ANSWERED [E]

Name: _____ Date: _____

Remember to share this questionnaire with your Eye Care Professional who will evaluate your final score.