

Dry Eye Self Examination

Please complete and bring to your next appointment



Name

Email

Phone

Date of Birth

Today's Date

How FREQUENTLY do you experience the following dry eye symptoms?

Dryness, grittiness or scratchiness

- Never Sometimes Often Constant

Soreness or irritation

- Never Sometimes Often Constant

Burning or watering

- Never Sometimes Often Constant

Eye fatigue

- Never Sometimes Often Constant

Dry eye symptoms - how SEVERE are your dry eye symptoms?

Dryness, grittiness or scratchiness

- No problems
 Tolerable - not perfect but not comfortable
 Uncomfortable - irritating but does not interfere with my day
 Bothersome - irritating and interferes with my day
 Intolerable - unable to perform my daily tasks

Soreness or irritation

- No problems
 Tolerable - not perfect but not comfortable
 Uncomfortable - irritating but does not interfere with my day
 Bothersome - irritating and interferes with my day
 Intolerable - unable to perform my daily tasks

Burning or watering

- No problems
 Tolerable - not perfect but not comfortable
 Uncomfortable - irritating but does not interfere with my day
 Bothersome - irritating and interferes with my day
 Intolerable - unable to perform my daily tasks

Eye fatigue

- No problems
 Tolerable - not perfect but not comfortable
 Uncomfortable - irritating but does not interfere with my day
 Bothersome - irritating and interferes with my day
 Intolerable - unable to perform my daily tasks

When have you experienced these symptoms?

- Today Within the past 72 hours Within the past 3 months

Dry eye health experiences - please select Yes or No

Do you have difficulty reading? Yes No

Do you have difficulty using a computer? Yes No

Do you have difficulty watching television? Yes No

Do you have difficulty wearing contact lenses? Yes No

Do you have difficulty being outdoors? Yes No

Do your symptoms worsen throughout the day? Yes No

Do you use drops and/or ointment? Yes No

If yes, which drops and/or ointments do you use?

How frequently do you use the drops and/or ointment?

Have you used drops today?

How long ago?

Do you have fluctuating vision problems that can be corrected with blinking?

- Never Sometimes Frequently A lot/always

Questions and comments