

DRY EYE QUESTIONNAIRE

Patient Name or ID: _____ Date: _____

Technician: _____

Have you ever been diagnosed with Dry Eye Disease or Ocular Surface Disease?

Y N When? _____

Do you have any of the following symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Tired eyes, eye fatigue |
| <input type="checkbox"/> Redness | <input type="checkbox"/> Stringy mucus in or around the eyes |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Foreign body sensation |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Contact lens discomfort |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Scratchy feeling of sand or grit in the eye |
| <input type="checkbox"/> Excess tearing/watering eyes | |

Have you had any of the following surgeries?

Cataract: Y N Glaucoma: Y N Refractive Surgery: Y N

Do you use?

- Contact lenses
- OTC eye drops such as artificial tears
- Rx eye drops for Dry Eye Syndrome (e.g., Restasis*)
- Rx eye drops for Glaucoma (e.g., Xalatan,* Timolol)
- Rx eye drops for Allergy (e.g., anti-inflammatory, antihistamine)
- Nutritional supplements (e.g., flaxseed oil, omega-3)

Are your symptoms related to the following environmental conditions?

- Windy conditions
- Places with low humidity (e.g., airplanes/hospital)
- Areas that are air conditioned/heated

Are you taking any of the following medications?

- | | |
|---|--|
| <input type="checkbox"/> Antihistamines/decongestants | <input type="checkbox"/> Hormone replacement therapy or estrogen |
| <input type="checkbox"/> Antidepressant or anti-anxiety | <input type="checkbox"/> Antihypertensives (e.g. diuretic, beta-blocker) |
| <input type="checkbox"/> Oral corticosteroids | <input type="checkbox"/> Accutane* or other oral treatment for acne |

Have you ever had punctal occlusion? Y N

If the information provided in this form, in conjunction with other clinical data, raises the suspicion of Dry Eye Disease, then obtaining a Tear Osmolarity Test may be indicated.

I reviewed this form and based on the information contained therein and other available clinical data, I suspect that this patient has dry eye disease and obtaining a tear osmolarity measurement is medically necessary for the diagnosis and management of this patient's ocular problem(s).

Attending Clinician: _____ Date: _____