

VISION BY DESIGN

DRY EYE CLINIC SURVEY



Section A: During the past week how often have you experienced the following?

	Never	Seldom	Occasionally	Frequently	Always
Sensitivity to light?	0	1	2	3	4
A gritty feeling in the eyes?	0	1	2	3	4
Pain or soreness in your eyes?	0	1	2	3	4
Poor vision?	0	1	2	3	4

Subtotal scores for the section A

Section B: In the past week have problems with your eyes limited you in any of the following?

	Never	Seldom	Occasionally	Frequently	Always	
Reading	0	1	2	3	4	NA
Nighttime Driving	0	1	2	3	4	NA
Working with a computer or ATM	0	1	2	3	4	NA
Watching TV	0	1	2	3	4	NA

Subtotal scores for the section B

Section C: In the past week have your eyes felt uncomfortable in these situations?

	Never	Seldom	Occasionally	Frequently	Always	
Windy conditions	0	1	2	3	4	NA
Dry or low humidity conditions	0	1	2	3	4	NA
Air conditioned spaces	0	1	2	3	4	NA

Subtotal scores for the section C

Add up subtotal scores for the all above sections

Total number of questions answered (Do not include questions answered NA)