



1. Question about EYE DISCOMFORT:

a. During a typical day in the past month, how often did your eyes feel discomfort?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

b. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within two hours of going to bed?

NEVER	NOT AT ALL INTENSE			VERY INTENSE	
0	1	2	3	4	5

2. Question about EYE DRYNESS:

a. During a typical day in the past month, how often did your eyes feel dry?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

b. When your eyes felt dry, how intense was this feeling of dryness at the end of the day, within two hours of going to bed?

NEVER	NOT AT ALL INTENSE			VERY INTENSE	
0	1	2	3	4	5

3. Question about WATERY EYES:

a. During a typical day in the past month, how often did your eyes look or feel excessively watery?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

SCORE: 1a + 1b + 2a + 2b + 3 = TOTAL
 _____ + _____ + _____ + _____ + _____ = _____

GUIDE BASED ON PATIENTS SCORE RESULTS:

>15 Severe

>11 Moderate

>8 Mild