

# Assessing Dry Eye

Please circle the number that best applies to your dry eye symptoms. If a question does not apply to you, please skip to the next question for questions #1-5 or circle "N/A" for questions #6-12.

	All the Time	Most of the time	Half of the time	Some of the time	None of the time
<b>Have you experienced any of the following during the last week?</b>					
1. Eyes that are sensitive to light?	4	3	2	1	0
2. Eyes that feel gritty?	4	3	2	1	0
3. Painful or sore eyes?	4	3	2	1	0
4. Blurred vision?	4	3	2	1	0
5. Poor vision?	4	3	2	1	0

<b>Have problems with your eyes limited you in performing any of the following during the last week?</b>						N/A
6. Reading?	4	3	2	1	0	N/A
7. Driving at night?	4	3	2	1	0	N/A
8. Working at a computer or bank machine (ATM)?	4	3	2	1	0	N/A
9. Watching TV?	4	3	2	1	0	N/A

<b>Have your eyes felt uncomfortable in any of the following situations during the last week?</b>						N/A
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

<b>(A) Add all your scores from your answers to questions 1 to 12</b>	A
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<b>(B) Multiply sum of scores (box A) x 25</b>	B
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<b>(C) Total number of questions answered (do not include questions answered N/A)</b>	C
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<b>(D) Divide box B by box C</b>	D
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**Note:** If the number in box **D** is greater than **13**, you may benefit from an eye examination in the University Eye Center, Dry Eye Clinic. Please call 510-642-2020 and ask to be scheduled in the Dry Eye Clinic.