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Date	
Total Score_	/ 24

Name	_DOB
How Do Your Eyes Feel?	
Check the <u>Symptoms</u> you suffer from:	
On a scale of 0-4 report the SEVERITY USING THE RATING	LIST BELOW:
0 = No Problem	

- **1= Tolerable** not perfect but not uncomfortable
- **2= Uncomfortable** irritating but does not interfere with my day
- **3= Bothersome-** Irritating and interferes with my day
- **4= Intolerable** unable to perform my daily tasks

Symptoms of Dryness	0	1	2	3	4
Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Stinging					
Eye Fatigue (tired eyes)					
Watering or tears up excessively					
Itching					

Do you use eye drops for Lubrication? 🗌 Yes 🔲 No	
If yes, How often?	