

# DRYEYE-Q TEST

**1** Circle the number that best describes your condition and enter the number in the adjacent box

How often do you have these eye problems?	Never	Sometimes	Frequently	Always	Score
Redness	0	3	4	5	
Sandy or Gritty Sensation	0	4	5	6	
Itching	0	3	4	5	
Excess Watering	0	3	4	5	
Burning	0	4	5	6	
Excess Mucous	0	3	4	5	
Blurred Vision (corrected by blinking)	0	4	5	6	

Are your eyes sensitive to these conditions?	Never	Sometimes	Frequently	Always	Score
Smoke	0	2	3	4	
Light	0	2	3	4	
Air Pollution	0	2	3	4	
Wind	0	2	3	4	
Computer Screens	0	2	3	4	
Heaters	0	2	3	4	
Air Conditioning	0	2	3	4	
Contact Lenses	0	2	3	4	

How often do you use these medications?	Never	Sometimes	Frequently	Always	Score
Anti-Depressants	0	1	2	3	
Redness Reducing Eye Drops	0	1	2	3	
Decongestants	0	1	2	3	
Antihistamines	0	1	2	3	
Blood Pressure Medication	0	3	4	5	
Artificial Tears	0	1	2	3	
Hormones	0	1	2	3	
Oral Contraceptives	0	1	2	3	
Diuretics	0	1	2	3	
Ulcer Medication	0	1	2	3	
Tranquilizers	0	1	2	3	
Beta Blockers	0	1	2	3	

Have you been diagnosed with any of these conditions?	Yes	No	Score
Thyroid Abnormalities	2	0	
Rheumatoid Arthritis	2	0	
Asthma	2	0	
Diabetes	2	0	
Glaucoma	2	0	
Lupus	2	0	

Are you over 50?	5	0
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Do you experience contact lens discomfort?	4	0
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Are you postmenopausal?	5	0
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Do you get eye strain?	4	0
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Do you blink your eyes excessively?	4	0
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**2** Total the numbers in the score column. A score of 30 or higher indicates that you have some level of Dry Eye Syndrome or Ocular Surface Disease, and Dr. Sumner will recommend treatment options for your particular case.

\_\_\_\_\_ Total