VISION SOURCE®
Advanced Family Eyecare
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DRY EYE QUESTIONNAIRE

How often do you experience any of the following symptoms?

	Never	Occasionally	Frequently	Constantly
Redness				
Sandy or gritty sensation				
Itching				
Excess watering				
Burning				
Excess mucous discharge				
Fluctuating/blurred vision (corrected with blinking)				

How often are eyes sensitive to these conditions?

	Never	Occasionally	Frequently	Constantly
Smoke				
Air pollutants				
Wind				
Computer glare				
Air conditioning or heaters				
Contact lenses				
Light				

How often do you use the following medications?

	Never	Occasionally	Frequently	Constantly
Antihistamines				
Decongestants				
Diuretics				
Beta blockers				
Oral contraceptives				
Hormone replacement therapy				
Ulcer medications				
Incontinence medications				
Redness reducing eye drops				
Artificial tears (list brand)_____				

Have you ever been diagnosed with any of the following conditions?

	YES	NO
Thyroid problems	❑	❑
Sleep disorders	❑	❑
Arthritis	❑	❑
Diabetes	❑	❑
Sarcoidosis	❑	❑
Herpes Zoster (shingles)	❑	❑
Systemic Lupus	❑	❑
Rosacea	❑	❑

	YES	NO
Are you over the age of 50?	❑	❑
Are you post menopausal?	❑	❑
Do you blink excessively?	❑	❑
Do you experience contact lens discomfort?	❑	❑
Have you ever had refractive surgery? (RK, PRK, LASIK, LASEK)	❑	❑