

DRY EYE QUESTIONNAIRE

Dryness is the most common reason why people have difficulties adapting to contact lenses. This short questionnaire enables us to adopt special measures, if you are likely to have a comfort or dryness difficulty.

Please answer the following by underlining the responses most appropriate to you:

Age:

less than 25 years/25-45 years/more than 45 years.

Currently wearing:

No contact lenses/hard contact lenses/soft contact lenses.

1. Have you ever had any treatment for dry eyes in the past?

Yes (2)/ No (1)/ Uncertain (0)

2. Do you ever experience any of the following symptoms? (Please underline those that apply to you.)

1 Soreness (1) 2 Scratchiness (1)

3 Dryness (1) 4 Grittiness (1) 5 Burning (1)

3. How often do your eyes have these symptoms? (underline)

Never (0) Sometimes (1) Often (2) Constantly (3)

4. Are your eyes usually sensitive to cigarette smoke, smog, air conditioning, or central heating?

Yes (2) No (0) Sometimes (1)

5. Do your eyes become very red and irritated when swimming?

Not applicable (0) Yes (2) No (0) Sometimes (1)

6. Are your eyes dry and irritated the day after drinking alcohol?

Not applicable (0) Yes (2) No (0) Sometimes (1)

7. Do you take (please underline)

Antihistamine tablets (1) or use antihistamine eye drops (1), Oral Contraceptive (1), diuretics (1) (fluid tablets)

8. Do you suffer from arthritis?

Yes (2) No (0) Uncertain (1)

9. Do you experience dryness of the nose, mouth, throat or chest ?

Never (0) Sometimes (1) Often (2) Constantly (3)10.

Do you suffer from thyroid abnormality?

Yes (2) No (0) Uncertain (1)

11. Are you known to sleep with your eyes partly open?

Yes (2) No (0) Sometimes (1)

12. Do you have eye irritation as you wake from sleep?

Yes (2) No (0) Sometimes (1)

Results

Please bring this questionnaire with you to your initial contact lens examination; we will discuss the results with you and your suitability to contact lens wear. You may wish to score the results yourself. Add the score from each question to the gender age score below.

Gender Age Score

Male or Female Under 25 (0)

Male 25-45 (1)

Female 25-45 (3)

Male Over 45 (2)

Female Over 45 (6)

Total Score

A score of less than 10 means you should experience no contact lens related dry-eye problems

A total score of between 10 and 20 is suggestive of borderline dry eye problems. Special strategies may need to be adopted in order to enjoy contact lens wear.

A score of over 20 is indicative of dry eye - contact lens wear may be possible on a limited basis while adopting a special strategy.