



westhills  
VISION CARE

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### Dry Eye Questionnaire

Circle all that apply to you.

1. Are you currently taking medications for any of the following medical conditions?
  - a. Antihistamines (allergy medications)
  - b. Anti-depressants
  - c. Arthritis medications
  - d. Blood pressure medications
  - e. Decongestants
  - f. Diabetic medications
  - g. Diuretics
  - h. Hormone replacement medications
  - i. Oral contraceptives
  - j. Sleep aid
2. Have you ever been diagnosed with any of the following?
  - a. Acne or Acne Rosacea
  - b. Diabetes
  - c. Thyroid disease (including Graves disease)
  - d. Lupus
  - e. Rheumatoid Arthritis
  - f. Sjogrens Syndrome
3. Do you use any of the following treatments for dry eye?
  - a. Artificial tears
  - b. Lubricating ointments or gels
  - c. Warm compresses or eyelid scrubs
  - d. Nutritive therapy (flaxseed oil, omega 3 FA, etc...)
  - e. Punctal occlusion
  - f. Restasis
  - g. Room humidifier
  - h. Other \_\_\_\_\_

4. Have you ever been told you have dry eyes
  - a. Yes
  - b. No
5. Do you think you have dry eyes?
  - a. Yes
  - b. No
6. Have you worn contact lenses in the past?
  - a. Yes
  - b. No
7. Of the following, which type of contact lens do you wear?
  - a. Disposable contact lenses
  - b. Extended wear contact lenses (overnight)
  - c. Rigid gas permeable
8. If you no longer wear contact lens was dry eye the reason you stopped wearing?
  - a. Yes
  - b. No
9. During a typical day in the past month, how often do you experience **eye dryness**?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Frequently
  - e. Constantly
10. During a typical day in the past month, how often do your eyes feel **gritty** or **sandy**?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Frequently
  - e. Constantly

11. During a typical day in the past month, how often do your eyes feel **pain** or **soreness**?

- a. Never
- b. Rarely
- c. Sometimes
- d. Frequently
- e. Constantly

12. During a typical day in the past month how often do you experience **fluctuating vision**?

- a. Never
- b. Rarely
- c. Sometimes
- d. Frequently
- e. Constantly

13. During a typical day in the last month, how often to you experience **tearing**?

- a. Never
- b. Rarely
- c. Sometimes
- d. Frequently
- e. Constantly

14. During a typical day in the last month, how often did you experience **tired eyes**?

- a. Never
- b. Rarely
- c. Sometimes
- d. Frequently
- e. Constantly