

Patient Name: _____

Date: _____

DRY EYE SURVEY

Do your eyes ever feel or do you experience:

Gritty or sandy sensation?	Never	Slight	Moderate	Severe
Pain or soreness?	Never	Slight	Moderate	Severe
Fluctuating vision?	Never	Slight	Moderate	Severe
Occasional Tearing?	Never	Slight	Moderate	Severe
Blurred vision while reading?	Never	Slight	Moderate	Severe
Discomfort in windy conditions?	Never	Slight	Moderate	Severe
Discomfort in air conditioned areas?	Never	Slight	Moderate	Severe

ALLERGY SURVEY

Do you EVER suffer from red eyes, itchy eyes, watery eyes, or swollen eye lids?

Yes No

Do you EVER use an over-the-counter or prescribed eye drops (i.e. VISINE A, VISINE AC, OCPON A, etc.) to treat red eyes, itchy eyes, watery eyes, or swollen eye lids?

Yes No

Do you take any prescribed or over the counter medications like CLARITIN, ALLEGRA, or ZYRTEC for your allergies?

Yes No