Dry Eye Quiz

Please print and bring with you for your visit.

How often do you have these eye problems? (circle response)

Redness?	never	sometimes	frequently	always
Sandy or Gritty Feeling?	never	sometimes	frequently	always
Itching?	never	sometimes	frequently	always
Excessive Watering?	never	sometimes	frequently	always
Burning?	never	sometimes	frequently	always
Excessive Mucus?	never	sometimes	frequently	always
Blurred Vision?	never	sometimes	frequently	always

Have you been diagnosed with any of these conditions? (circle response)

Thyroid Abnormalities?	yes	no
Rheumatoid Arthritis?	yes	no
Asthma?	yes	no
Diabetes?	yes	no
Glaucoma?	yes	no
Lupus?	yes	no
Rosacea?	yes	no

Do you experience contact lens discomfort?	yes	no
Are you post menopausal?	yes	no
Do you get eye strain?	yes	no
Do you blink excessively?	yes	no

Thank you for choosing the physicians of Key-Whitman Eye Center