

First name : Last name :

Date of 1st exam : / /

1. Questions about Eye Discomfort

a. On a scale of 0 to 4, please indicate how often did you experience eye discomfort on a typical day in the past month:

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

b. When you experienced eye discomfort, how intense was it in the two hours before bedtime as the day was winding down? 0 = Never had it | 1 = Not intense at all | From 2 to 5 = please indicate the intensity (5 is very intense)

0 1 2 3 4 5

2. Questions about dry eye :

a. On a typical day in the past month, how often did your eyes feel dry?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

b. When you experienced dry eye discomfort, how intense was it in the two hours before bedtime as the day was winding down?

0 = Never had it | 1 = Not intense at all | From 2 to 5 = please indicate the intensity (5 is very intense)

0 1 2 3 4 5

3. Questions about watery eyes :

On a typical day in the past month, how often did your eyes look or feel excessively watery?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

SCORE :	1a	+	1b	+	2a	+	2b	+	3	=	TOTAL
	+	+	+	+	=