Clear View Vision Care - Dry Eye Questionnaire

Please fill out the following questionnaire if you think you may have dry eye problems.

Please check each symptom you experience:

- ❑ redness
- ❑ foreign body sensation
- ❑ sties, chalazion
- ❑ chronic cough
- ❑ headaches
- ❑ sandy or gritty feeling
- ❑ light sensitivity
- ❑ sinus congestion
- ❑ dry throat or mouth
- ❑ mucous or discharge
- ❑ watery eyes
- ❑ tired eyes
- ❑ seasonal allergies
- ❑ arthritis
- ❑ burning
- ❑ chronic infection of eye
- ❑ chronic bronchitis
- ❑ asthma symptoms
- ❑ itching
- ❑ eye pain or soreness
- ❑ contact lens discomfort
- ❑ middle ear congestion
- ❑ dry eye feeling
- ❑ constant tearing
- ❑ fluctuating visual acuity
- ❑ hay fever symptoms
- ❑ joint pain

Please tell us about your current status:

Do you use lubricating eye drops?	❑ Yes	❑ No
Do you wear contact lenses?	❑ Yes	❑ No
Do you take medications?	❑ Yes	❑ No
Have you ever had eye surgery?	❑ Yes	❑ No

Are your eyes overly sensitive to:

- ❑ wind
- ❑ video display terminal
- ❑ smog
- ❑ cigarette smoke
- ❑ dust
- ❑ pressurized plane cabins
- ❑ blowers
- ❑ air conditioning
- ❑ pollen
- ❑ contact lens wear
- ❑ heaters
- ❑ sunshine

Have you or a blood relative ever had:

- ❑ thyroid disorder
- ❑ lupus
- ❑ gout
- ❑ diabetes
- ❑ rheumatoid
- ❑ arthritis
- ❑ Sjorgren's syndrome