

PROFESSIONAL VISIONCARE

of WEST HOLLYWOOD
an optometric corporation

Dry Eye Questionnaire

Please fill out this questionnaire carefully. Return it via email (staff@wehvisioncare.com), fax (323.650.2490), mail, or to one of our staff members on the day of your appointment. Thank you.

Name: _____ Age: _____ Date: _____

Please place a ✓ in the appropriate box:

I experience the following symptoms:	Never	Seldom	Often	Always
Eyes have sandy, gritty feeling				
Itchy eyes				
Burning eyes				
Eye redness				
Excess tearing or watery eyes				
Mucous discharge				
Eye pain or eye strain				
Variable blurred vision helped by blinking				

My eyes are sensitive to:	Never	Seldom	Often	Always
Smoke				
Light				
Air pollution				
Wind				
Computer screens				
Heaters				
Air conditioning				
Contact lenses				

What have you been doing for your dry eye symptoms?

- Nothing Home remedies (like rinsing your eyes with water)
 Using over the counter eye drops: _____

How effective are the drops? _____