Eye Candy Aesthetics
and Dry Eye Clinic

First Name

Last Name

Email Address

DOB

Sex *

○ Female

○ Male

Dry Eye Disease is the most frequent reason that patients visit eye doctors. We are concerned that you may be suffering with this condition as well. Therefore, we ask that you take a few moments and thoughtfully complete the questionnaire below.

Report the SEVERITY of your symptoms using the ratings list below:

0 = No problems

1 = Tolerable - not perfect but not uncomfortable

2 = Uncomfortable – irritating but does not interfere with my day

3 = Bothersome – irritating and interferes with my day

4 = Intolerable – unable to perform my daily tasks

	0	1	2	3	4
Dryness, Grittiness, or Scratchiness	○	○	○	○	○

Please check if you have experienced symptoms *

◯ Today

◯ Within the past 72 hours

◯ Within the past 3 months

Report the FREQUENCY of your symptoms using the ratings list below:

0 = Never
1 = Sometimes
2 = Often
3 = Constant

	0	1	2	3	4
Dryness, Grittiness, or Scratchiness	○	○	○	○	○

Do you use eye drops and/or ointment (such as Restasis or artificial tears)? *

○ Yes

○ No

Have you been told that you have blepharitis or have you been treated for a stye?

○ Yes

○ No

Which eye bothers you more? *

○ Right

○ Left

○ Both Equally

What dry eye symptoms bother you the most? *

When did you first notice your dryness? *

Do you think something specific triggered your dryness symptoms? *

When does your dryness seem the worst? (morning, afternoon, evening) *

Have you ever applied a warm compress to your eyelids? *

○ Yes

○ No

Have you ever had eyelid surgery or trauma in the past? *

○ Yes

○ No