

# Dry Eye Questionnaire

Have you experienced any of the following during the last week?

Click the number that corresponds to your answer

	All the time	Most of the time	Half of the time	Some of the time	None of the time
1. Eyes that are sensitive to light?	4	3	2	1	0
2. Eyes that feels gritty?	4	3	2	1	0
3. Painful or sore eyes?	4	3	2	1	0
4. Blurred vision?	4	3	2	1	0
5. Poor vision?	4	3	2	1	0

Subtotal score for answers 1 to 5

Have problems with your eyes limited you in performing any of the following during the last week :

	All the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
6. Reading?	4	3	2	1	0	N/A
7. Driving at night?	4	3	2	1	0	N/A
8. Working on a computer?	4	3	2	1	0	N/A
9. Watching TV?	4	3	2	1	0	N/A

Subtotal score for answers 6 to 9

Have your eyes felt uncomfortable in any of the following situations during the last week :

	All the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
10. Windy conditions?	4	3	2	1	0	N/A
11. Dry/low humidity areas?	4	3	2	1	0	N/A
12. Areas that are air conditioned?	4	3	2	1	0	N/A

Subtotal score for answers 10 to 12

Add Subtotal A, B and C to Obtain D  
(D=Sum of Scores for all Questions Answered)

Total number of Questions Answered  
(Do not Include Questions Answered N/A)

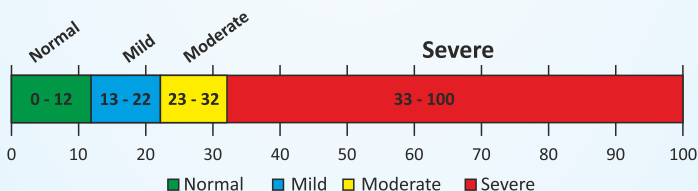
$$\text{OSDI} = \frac{(\text{Sum of severity for all questions answered}) \times (100)}{(\text{Total no. of questions answered}) \times (4)}$$

$$\text{OSDI Score Calculation} = \left( \frac{\quad}{\quad} \right) \times 100$$

$$\left( \quad \right) \times 4$$

Final OSDI Score =

Please match your score according to the below mentioned slab



Your Eye Dryness Severity OSDI Score is \_\_\_\_\_

\*Ref – J.S. Wolffsohn et al. / The Ocular Surface xxx (2017) 544e579