Dry Eye Symptoms Checklist

Name (Please print): _____ Age: _____

Please check the symptoms you are currently experiencing:

- □ Burning eyes
- □ Sandy or gritty feeling
- □ Constant tearing
- □ Watering eyes
- □ Eye pain or soreness
- □ Mucus discharge
- □ Blurry or fluctuating vision
- □ Itching
- □ Lid infections
- □ Discomfort with bright lights
- □ Redness
- □ Dryness of the eye
- □ "Tired eyes"

Related Conditions:

- □ Allergies or hay fever
- □ Asthma
- □ Bronchitis
- □ Chronic cough
- □ Dry throat or mouth
- □ Sneezing
- □ Headaches
- □ Sinus congestion
- □ Joint/ arthritis pain
- □ Nasal congestion
- □ Pregnancy
- □ Runny nose

	Yes	No	
Do you use lubricating eye drops or artificial tears?	□	□	Brand _____
Do you frequently use a video terminal or computer monitor?	□	□	
Do you take any prescription or non-prescription drugs?	□	□	List name _____

Are you eyes sensitive to:

- □ Air conditioning
- □ Contact lens wear
- □ Heaters
- □ Smog
- □ Tobacco smoke
- □ Dust
- □ Pollen
- □ Wind

Please answer if you wear contact lenses or have worn contact lenses in the past:

Yes	No	
□	□	Do you currently wear contact lenses? How long have you worn them? _____
□	□	Are they comfortable?
□	□	Are your eyes sensitive to contact lens solution?
□	□	Have you worn contact lenses before, and then quit for some reason? If so, what factors caused you to quit wearing them? _____

Have you or a blood relative ever had:

- □ Arthritis
- □ Sjogren's syndrome
- □ Thyroid disorder
- □ Lupus

Signature: _____ Date: _____