Prior to your Dry Eye Evaluation:

- Avoid using eye ointments or gel drops the night prior
- Do not use any lubricating artificial tear drops during the day
- Do not wear contact lenses during the day
- Avoid wearing eye makeup the day of your evaluation
- You should continue to use prescription eye drops. We can advise you on the best time for medication dosing based on the time your dry eye evaluation is scheduled.

Please list current and previous dry eye treatments (include brand name): prescription & over-the-counter drops, oral medications, Omega 3 supplements, and warm compresses.

Current Dry Eye Treatment	Frequency/Dosing	Beneficial?
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

Previous Dry Eye Treatment	Reason Discontinued

OSDI (Ocular Surface Disease Index)

Patient name: **Date of birth:** **Patient ID:**

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

	All of 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?	☐	☐	☐	☐	☐	
2. Eyes that feel gritty?	☐	☐	☐	☐	☐	
3. Painful or sore eyes?	☐	☐	☐	☐	☐	
4. Blurred vision?	☐	☐	☐	☐	☐	
5. Poor vision?	☐	☐	☐	☐	☐	

Have problems with your eyes limited you in performance any of the following during the last week?

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	No Answer
6. Reading?	☐	☐	☐	☐	☐	☐
7. Driving at night?	☐	☐	☐	☐	☐	☐
8. Working with a computer or bank machine (ATM)?	☐	☐	☐	☐	☐	☐
9. Watching TV?	☐	☐	☐	☐	☐	☐

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

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	No Answer
10. Windy conditions?	☐	☐	☐	☐	☐	☐
11. Places or areas with low humidity (very dry)?	☐	☐	☐	☐	☐	☐
12. Areas that are air conditioned?	☐	☐	☐	☐	☐	☐