1 Questions about **EYE DISCOMFORT:**

a. During a typical day in the past month, **how often** did your eyes feel discomfort?

☐	☐	☐	☐	☐
0 Never	1 Rarely	2 Sometimes	3 Frequently	4 Constantly

b. When your eyes felt discomfort, **how intense was this feeling of discomfort** at the end of the day, within two hours of going to bed?

☐	☐	☐	☐	☐	☐
0 Never have it	1 Not at all intense	2	3	4	5 Very intense

2 Questions about **EYE DRYNESS:**

a. During a typical day in the past month, **how often** did your eyes feel dry?

☐	☐	☐	☐	☐
0 Never	1 Rarely	2 Sometimes	3 Frequently	4 Constantly

b. When your eyes felt dry, **how intense was this feeling of dryness** at the end of the day, within two hours of going to bed?

☐	☐	☐	☐	☐	☐
0 Never have it	1 Not at all intense	2	3	4	5 Very intense

3 Question about **WATERY EYES:**

a. During a typical day in the past month, **how often** did your eyes look or feel excessively watery?

☐	☐	☐	☐	☐
0 Never	1 Rarely	2 Sometimes	3 Frequently	4 Constantly

SCORE

1a	+	1b	+	2a	+	2b	+	3	=	Total
☐	+	☐	+	☐	+	☐	+	☐	=	☐