Eye Symptom Questionnaire

Please check any of the following symptoms that you have experienced in the past 6 weeks:

___ Blurry/fluctuating vision
___ Burning
___ Contact lens discomfort
___ Dryness
___ Excess tearing/watering eyes
___ Foreign body sensation
___ Floaters (newly noted)
___ Itching
___ Light sensitivity
___ Redness
___ Scratchy feeling of sand or grit in the eye
___ Stringy mucus in or around the eyes
___ Tired eyes, eye fatigue
___ Flashes of light

If the information provided in this form raises the suspicion of dry eye disease, obtaining a tear osmolarity measurement may be indicated. This testing will be billed to your medical insurance.

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