

# Could You Have Chronic Dry Eye Disease?

Follow these steps to give your eye doctor a head start in evaluating if you have Chronic Dry Eye disease.

1. Answer the questions to the right and fill in boxes **A**, **B**, and **C**

2. Add boxes **A**, **B**, and **C** and enter total here (**D**)

D

3. Insert total number of questions answered (out of 12) (**E**)

E

4. Find **D** on the horizontal axis of the chart



5. Find **E** on the vertical axis of the chart



6. Where **D** and **E** meet is where your OSDI® score falls on the dry eye severity scale



$$\text{OSDI}^{\circ} = \frac{(\text{sum of scores}) \times 25}{(\# \text{ of questions answered})}$$

Show the results to your eye doctor today.

[mydryeyes.com](http://mydryeyes.com)

Download on the App Store  
Download the Dry Eye OSDI® app to your iPhone

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APC28KE15

## HAVE YOU EXPERIENCED ANY OF THE FOLLOWING DURING THE LAST WEEK?

### A Physical Symptoms

	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	4	3	2	1	0
2. Eyes that feel 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

PLEASE CIRCLE YOUR ANSWERS

Subtotal score for answers 1 to 5

A

## HAVE PROBLEMS WITH YOUR EYES LIMITED YOU IN PERFORMING ANY OF THE FOLLOWING DURING THE LAST WEEK?

### B Daily Activities

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	
6. Reading	4	3	2	1	0	N/A
7. Driving at night	4	3	2	1	0	N/A
8. Working with a computer or bank machine (ATM)	4	3	2	1	0	N/A
9. Watching TV	4	3	2	1	0	N/A

PLEASE CIRCLE YOUR ANSWERS

Subtotal score for answers 6 to 9

B

## HAVE YOUR EYES FELT UNCOMFORTABLE IN ANY OF THE FOLLOWING SITUATIONS DURING THE LAST WEEK?

### C Environmental Factors

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	
10. Windy conditions	4	3	2	1	0	N/A
11. Places or areas with low humidity (very dry)	4	3	2	1	0	N/A
12. Areas that are air conditioned	4	3	2	1	0	N/A

PLEASE CIRCLE YOUR ANSWERS

Subtotal score for answers 10 to 12

C

## OSDI® CHART



Sum of Scores for All Questions Answered