GIG HARBOR
EYE CARE

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SYMPTOMS SURVEY

1. Using the 0-3 scale below, circle how <u>often</u> these eye symptoms occur:

0 = Never
1 = Sometimes
2 = Often
3 = Constantly

Dryness, Grittiness, or Scratchiness	0	1	2	3
Soreness or Irritation	0	1	2	3
Burning or Watering	0	1	2	3
Eye Fatigue	0	1	2	3

2. Using a slightly different 0-4 scale, circle the severity of the same eye symptoms below:

0 = No problems
1 = Tolerable - not perfect, but not uncomfortable
2 = Uncomfortable - irritating, but does not interfere with my day
3 = Bothersome - irritating and interferes with my day
4 = Intolerable - unable to perform my daily tasks

Dryness, Grittiness, or Scratchiness	0	1	2	3	4
Soreness or Irritation	0	1	2	3	4
Burning or Watering	0	1	2	3	4
Eye Fatigue	0	1	2	3	4

3. Are your eyes red? ☐ **Yes** ☐ **No**

4. Do you experience blurred and fluctuating vision? ☐ **Yes** ☐ **No**

5. Do you use eye drops for lubrication? ☐ **Yes** ☐ **No**

If yes, how often? _____