

## ATASCA EYE CENTER

### Ocular Surface Disease Index

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?	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

**A) Add scores for answers 1 to 5: \_\_\_\_\_**

Have problems with your eyes limited you in performing 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	N/A
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

**B) Add scores for answers 6 to 9: \_\_\_\_\_**

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

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
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

**C) Add scores for answers 10 to 12: \_\_\_\_\_**

**D) Add subtotals for A, B and C: \_\_\_\_\_ then multiply by 4 = \_\_\_\_\_**

**E) Total number of questions answered (do not include those answered N/A): \_\_\_\_\_**

**Total score: Divide D by E = \_\_\_\_\_**

Level of Dry eye	Score
Normal	0-12
Mild Dry Eye	13-22
Moderate Dry Eye	23-32
Severe Dry Eye	33-100

**Please bring this form to your exam.**