

# Manteca Optometric Eye Care Center

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Acct # \_\_\_\_\_

## Dry Eye Survey

Do your eyes ever feel or do you experience:				
Gritty or sandy sensation?	Never	Slight	Moderate	Severe
Pain or soreness?	Never	Slight	Moderate	Severe
Fluctuating vision?	Never	Slight	Moderate	Severe
Occasional tearing?	Never	Slight	Moderate	Severe
Blurred vision while reading?	Never	Slight	Moderate	Severe
Discomfort in windy conditions?	Never	Slight	Moderate	Severe
Discomfort in air conditioned areas?	Never	Slight	Moderate	Severe

## Allergy Survey

Do you EVER suffer from red eyes, itchy eyes, watery eyes, or swollen eye lids?	Yes	No
Do you EVER use an over-the-counter or prescribed eye drops to treat red eyes, itchy eyes, watery eyes, or swollen eye lids?	Yes	No
Do you take any prescribed or over-the-counter medications like Claritin, Allegra, or Zyrtec for your allergies?	Yes	No

## Dry Eye Questions

Have you been using over-the-counter (OTC) eye drops? If YES how long?	Additional Concerns:		
What brands of OTC drops and artificial tears have you used?			
How often are you using OTC drops?			
Has your use of OTC drops increased over time?			
Are your dry eyes affecting your daily activities?			
If YES What activities are affected?			
Are you concerned about your dry eyes?			
Do you experience any of the following:	Burning	Stinging	Blurred vision
	Itchy eyes	Ocular discomfort	Light Photophobia