

Answer the following questions based on the last week and follow the steps to get your score.  
Share the results of where you fall on the Dry Eye Severity Scale with your eye doctor.

**A** Have you experienced any of the following?

Physical Symptoms

	All of the time	3	Half of the time	2	1	None of the time	0
Eyes that are sensitive to light	4	3	2	1	0		
Eyes that feel gritty	4	3	2	1	0		
Painful or sore eyes	4	3	2	1	0		
Blurred vision	4	3	2	1	0		
Poor vision	4	3	2	1	0		

**A**

Total

**B** Have problems with your eyes limited you in performing any of the following?

Daily Symptoms

	4	3	2	1	0	N/A
Reading	4	3	2	1	0	N/A
Driving at night	4	3	2	1	0	N/A
Working with a computer	4	3	2	1	0	N/A
Watching TV	4	3	2	1	0	N/A

**B**

Total

**C** Have your eyes felt uncomfortable in any of the following situations?

Environmental Factors

	4	3	2	1	0	N/A
Windy conditions	4	3	2	1	0	N/A
Places with low humidity (very dry)	4	3	2	1	0	N/A
Areas that are air conditioned	4	3	2	1	0	N/A

**C**

Total

FIND OUT YOUR SCORE

**D** Add A, B & C to find D

Dry Eye Severity Scale

Locate "D" on the horizontal axis of the Dry Eye Severity Scale

**E** Total questions answered

N/A does not count as an answered question

Locate "E" on the vertical axis of the Dry Eye Severity Scale

**F** Dry Eye Score

Where D & E meet is where your score falls on the Dry Eye Severity Scale

	normal	mild	moderate	severe						
12	10.4	20.8	31.3	41.7	52.1	62.5	72.9	83.3	93.8	100
11	11.4	22.7	34.1	45.5	56.8	68.2	79.5	90.9	100	
10	12.5	25	37.5	50	62.5	75	87.5	100		
9	13.9	27.8	41.7	55.6	69.4	83.3	97.2			
8	15.6	31.3	46.9	62.5	78.1	93.8	100			
7	17.9	35.7	53.6	71.4	89.3	100				
6	20.8	41.7	62.5	83.3	100					
5	25	50	75	100						
	5	10	15	20	25	30	35	40	45	48

number of all questions answered

sum of scores for all questions answered



Download the Dry Eye OSDI® Questionnaire app on your iPhone to easily share your results with your eye doctor and keep track of your score over time.