

1. Questions about **EYE DISCOMFORT**:

a. During a typical day in the past month, how often did your eyes feel discomfort?

0	<input type="checkbox"/>	Never
1	<input type="checkbox"/>	Rarely
2	<input type="checkbox"/>	Sometimes
3	<input type="checkbox"/>	Frequently
4	<input type="checkbox"/>	Constantly

b. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within two hours of going to bed?

Never have it		Not at all intense			Very intense	
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		4	<input type="checkbox"/>	5	<input type="checkbox"/>	

2. Questions about **EYE DRYNESS**:

a. During a typical day in the past month, **how often** did your eyes feel dry?

0	<input type="checkbox"/>	Never
1	<input type="checkbox"/>	Rarely
2	<input type="checkbox"/>	Sometimes
3	<input type="checkbox"/>	Frequently
4	<input type="checkbox"/>	Constantly

b. When your eyes felt dry, **how intense was this feeling of dryness** at the end of the day, within two hours of going to bed?

Never have it		Not at all intense			Very intense	
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		4	<input type="checkbox"/>	5	<input type="checkbox"/>	

3. Question about **WATERY EYES**:

During a typical day in the past month, **how often** did your eyes look or feel excessively watery?

0	<input type="checkbox"/>	Never
1	<input type="checkbox"/>	Rarely
2	<input type="checkbox"/>	Sometimes
3	<input type="checkbox"/>	Frequently
4	<input type="checkbox"/>	Constantly

Score:	1a	+	1b	+	2a	+	2b	+	3	=	Total
	_____	+	_____	+	_____	+	_____	+	_____	=	_____