

Ocular Surface Disease Index (OSDI)

The Ocular Surface Disease Index (OSDI) helps practitioners evaluate a patient's symptoms and measure the success of treatment. Before your first appointment, please complete the following questionnaire by circling the numbers in the box that best represents each answer.

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

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 / VDU?	4	3	2	1	0	N/A
9. Watching TV?	4	3	2	1	0	N/A

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

Thank you, your score will be calculated at your first appointment which will help monitor any treatment you may need.