

Dr. Laura Anne Potvin, P.C.  
**DRY EYE DISEASE QUESTIONNAIRE**



Patient Name:

Date:

**CHECK ALL SYMPTOMS EXPERIENCED SINCE LAST VISIT:**

- blurry vision
- redness
- burning
- itching
- light sensitivity
- excessive tearing/watery eyes
- tired eyes/eye fatigue
- stringy mucous in or around the eye
- foreign body sensation
- contact lens discomfort
- scratchy feeling of sand or grit in eye

Checking any of these symptoms indicates you may suffer from the inflammation associated with Dry Eye Disease. The Inflammadry Test is requested by the doctor you are seeing.

for office use only

right eye trace \_\_ 1+ \_\_ 2+ \_\_ 3+ \_\_

left eye trace \_\_ 1+ \_\_ 2+ \_\_ 3+ \_\_

Test administered by \_\_\_\_\_

Schedule for Dry Eye Workup

YES       NO

INITIALS: \_\_\_\_\_