

UNC Dry Eye Management Scale

Instruction:

Your dry eye symptoms may include: *pain, burning, tearing, grittiness, "feeling like something is in your eye", and/or sensitivity to light.*

We want to know how bad your dry eye symptoms are and how they affect your daily life and the things you want to do like reading, driving, working with a computer, watching TV, or doing things you enjoy.

Please circle the number (1-10) that **best describes** your dry eye symptoms and how **they affect** your daily life over the past week.



1

2

3

4

5

6

7

8

9

10

[1 - 2]

My symptoms are ***not*** a problem.

My dry eye ***does not*** affect my daily life at all.

[3 - 4]

My symptoms are ***mild*** and easily tolerable.

My dry eye ***hardly*** affects my daily life.

[5 - 6]

My symptoms are ***moderately*** bothersome.

My dry eye ***sometimes*** affects my daily life.

[7 - 8]

My symptoms are ***very bothersome***.

My dry eye ***frequently*** affects my daily life.

[9 - 10]

My symptoms are ***severe*** and I need immediate medical care.

My dry eye ***greatly*** affects my daily life.

Is there anything else you would like your doctor to know about your eyes?
