

Ocular Surface Disease Index © (OSDI ©)²

Ask your patients the following 12 questions, and circle the number in the box that best represents each answer. Then, fill in boxes A, B, C, D, and E according to the instructions beside each.

Have you experienced any of the following <u>during the last week</u> ?	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

Subtotal score for answers 1 to 5

Have problems with your eyes limited you in performing any of the following <u>during the last week</u> ?	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 or bank machine	4	3	2	1	0	N/A
9. Watching TV?	4	3	2	1	0	N/A

Subtotal score for answers 6 to 9

Have your eyes felt uncomfortable in any of the following situations <u>during the last week</u> ?	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

Subtotal score for answers 10 to 12

Add subtotals A, B, and C to obtain D
(D = sum of scores for all questions answered)

Total number of questions answered
(do not include questions answered N/A)

Please turn over the questionnaire to calculate the patient's final OSDI[®] score.