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] My symptoms are not a problem. My dry eye does not affect my daily life at all.


[7 - 8] My symptoms are very bothersome. My dry eye frequently affects my daily life.


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

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