



Neilson Eyecare Dry Eye Questionnaire

Do you suffer from dry eyes more of a morning or an afternoon?

Do you have any medical conditions?

Do you have Sjogrens syndrome, arthritis or rosacea?

What medications do you take?

What vitamin supplements do you take?

How much water do you drink per day?

Do you smoke? If so how many packs/day?

Do you drink alcohol?

- If yes, how many std drinks _____ day/week?

How many cups of coffee do you have per day?

How many hours of sleep do you get per night on average?

Do you eat a balanced diet, rich in Omega 3 foods?

Do you, or have you worn contact lenses?

How many hours/day do you spend on a screen (phone, tablet, computer)

Have you ever been diagnosed with cancer?

Have you ever had any eye or brain surgery?

Are you going through Menopause?

Are you sensitive to any preservatives?

Do you have any allergies?

- Are you allergic to tea tree or honey

Do you work in Air-conditioning?

Do you work in a dry/dusty environment?

Do you wear sunglasses outside?

Do you wear make up?

- If so, do you remove it thoroughly each night?
- Do you use any waterproof eyeliner/mascara?