

Ocular Surface Disease Index (OSDI)

Ask you patients the following 12 questions, and check the number in the box that best represents each answer.

Have you experienced any of the following during the last week?	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?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0
2. Eyes that feel gritty?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0
3. Painful or sore eyes?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0
4. Blurred vision?	<input type="radio"/> 4	<input type="radio"/> 3	<input checked="" type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
5. Poor vision?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0

Subtotal score for answers 1 to 5 6

Have problems with your eyes limited you in performing any of the following during the last week?	All of the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
6. Reading?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A
7. Driving at night?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A
8. Working with a computer or bank machine (ATM)?	<input type="radio"/> 4	<input type="radio"/> 3	<input checked="" type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A
9. Watching TV	<input type="radio"/> 4	<input type="radio"/> 3	<input checked="" type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A

Subtotal score for answers 6 to 9 6

Have your eyes felt uncomfortable in any of the following situations during the last week?	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?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A
11. Places in areas with low humidity (very dry)?	<input type="radio"/> 4	<input type="radio"/> 3	<input checked="" type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A
12. Areas that are air conditioned?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> N/A

Subtotal score for answers 10 to 12 4

Sum of scores for all questiones answered 16

Total number of questions answered (does not include questions answered N/A) 12

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