

SANDE Questionnaire

PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE FREQUENCY AND SEVERITY OF YOUR DRY EYE SYMPTOMS.

1. Frequency of symptoms:

Please place an 'X' on the line to indicate how often, on average, your eyes feel **dry and/or irritated**:

Rarely _____ All the time

2. Severity of symptoms:

Please place an 'X' on the line to indicate how severe, on average, you feel your symptoms of **dryness and/or irritation**:

Very Mild _____ Very Severe