

**Item**

**Concept  
(Module)**

How often did you experience dry eye symptoms

Eye that felt gritty or sandy

Felt like I needed to close my eyes even though I was not tired

Burning or stinging eyes

Tired eyes

Blurry vision

Itchy eyes

Irritated eyes

Eyes that felt like they had been scratched by something

Eye dryness

Mucus in, around, or coming out of my eyes

Puffy or swollen eyes

Eye redness

Aching or sore eyes

Felt like something was in my eye

Frequent and/or rapid blinking

Difficulty blinking because of little or no moisture in my eyes

Sensitivity to light, glare, and/or wind

Sensitivity to re-circulated air (such as air conditioning and heat)

Headaches associated with dry eye symptoms

**Dry Eye  
Symptom-Bother**

**Item****Sub-concept  
(Dimensions)****Concept  
(Module)**

Doing close work in the morning or afternoon (such as crossword puzzles, reading, looking at a computer, and/or sewing)

Doing close work in the evening or at night

Driving

Being around and/or using scented products (such as cologne or hairspray)

Working on a computer

Going somewhere where there is tobacco smoke or being around someone who smokes

Irritability

Impatience

Feeling sad

Worry that my dry eyes will get worse

Feeling annoyed

Feeling like my eyes do not look nice

Feeling like I have to make adjustments to my life

Feeling different from other people because of my dry eyes

Feeling like I am always aware of my eyes

Feeling older than I really am

Feeling like people look at me and think I am fine when I am not

Feeling distracted

Feeling like I couldn't concentrate

Having to take a break from work

Having to change the way I work (such as the way I read, look at a computer, or work outside)

Having to change my work environment (such as how close I am to an air conditioning or heating vent)

Wearing contact lenses

Wearing make-up near or on my eyes

Flying on an airplane

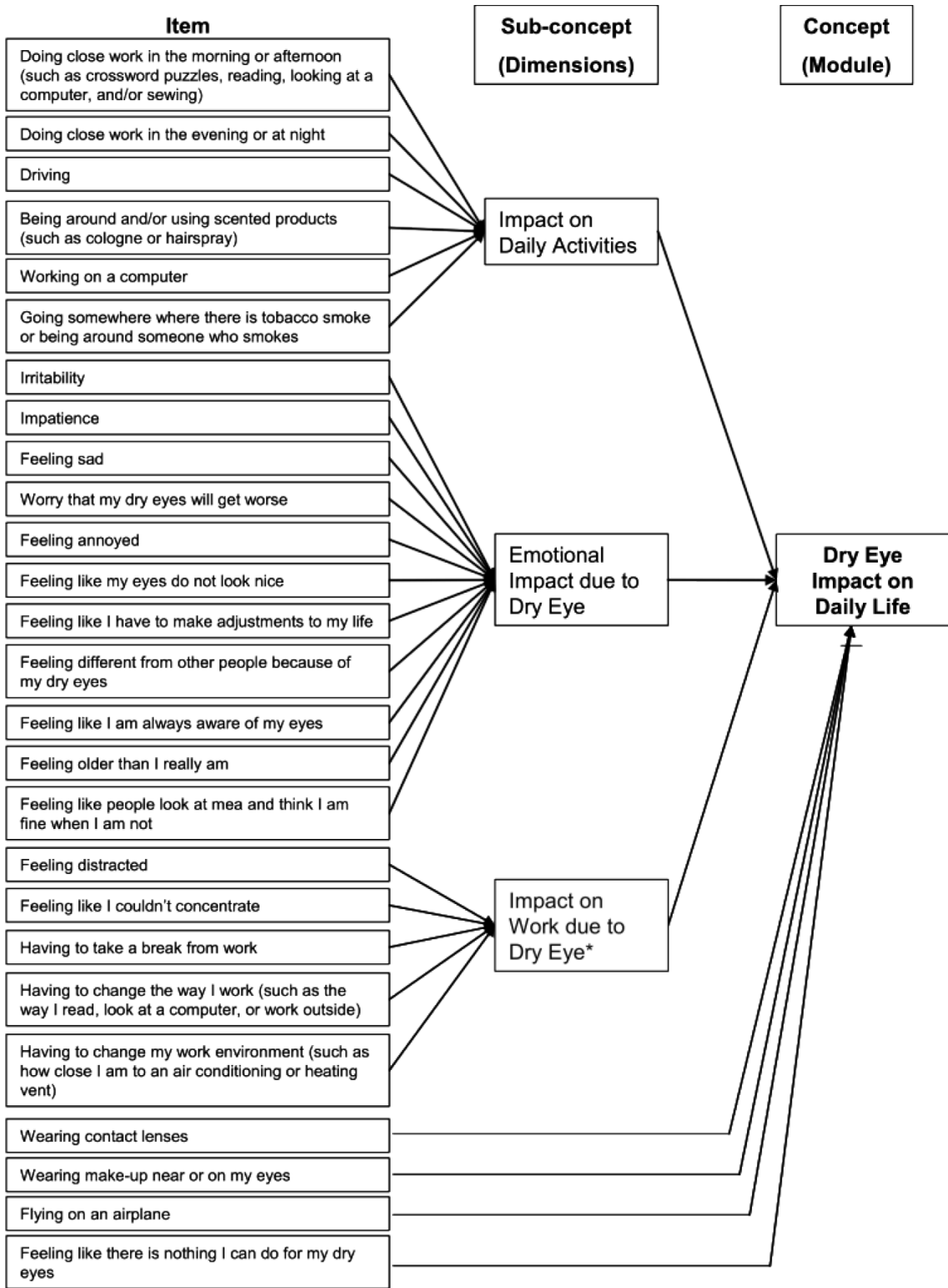
Feeling like there is nothing I can do for my dry eyes

Impact on  
Daily Activities

Emotional  
Impact due to  
Dry Eye

Impact on  
Work due to  
Dry Eye\*

**Dry Eye  
Impact on  
Daily Life**



**Item**

**Sub-concept  
(Dimensions)**

**Concept  
(Module)**

I was happy with how quickly my treatments worked

I was happy with how long the effects of my treatments lasted

The treatments I used completely eliminated my dry eye symptoms

The treatments I used relieved most of my dry eye symptoms

Satisfaction with Treatment Effectiveness

I was bothered by how often I had to use dry eye treatments

I was bothered by blurriness shortly after using my eye drops

I was embarrassed when I had to use my eye drops

I felt like I could not go anywhere without my eye drops

Treatment-Related Bother/ Inconvenience

OVER THE LAST TWO WEEKS, how often did you use treatment for your dry eyes

Do you ever use eye drops to treat your dry eyes?

**Dry Eye Treatment Satisfaction**

