

**Name \***

**Email \***

**Phone \***

**Locations \***

**Frequency:**

**Dyness, Grittiness, or Scratchiness:**

- 0 = Never
- 1 = Sometimes
- 2 = Often
- 3 = Constant

**Soreness or Irritation:**

- 0 = Never
- 1 = Sometimes
- 2 = Often
- 3 = Constant

**Burning or Watering:**

- 0 = Never
- 1 = Sometimes
- 2 = Often
- 3 = Constant

**Eye Fatigue:**

- 0 = Never
- 1 = Sometimes
- 2 = Often
- 3 = Constant

**Severity:**

**Dyness, Grittiness, or Scratchiness:**

- 0 = No problems
- 1 = Tolerable
- 2 = Uncomfortable
- 3 = Bothersome
- 4 = Intolerable

**Soreness or Irritation:**

- 0 = No problems
- 1 = Tolerable
- 2 = Uncomfortable
- 3 = Bothersome
- 4 = Intolerable

**Burning or Watering:**

- 0 = No problems
- 1 = Tolerable
- 2 = Uncomfortable
- 3 = Bothersome
- 4 = Intolerable

**Eye Fatigue:**

- 0 = No problems
- 1 = Tolerable
- 2 = Uncomfortable
- 3 = Bothersome
- 4 = Intolerable