1.	Qu	estions about EYE	DISCOM	FORT:						
	a.	During a typical da	ay in the	past mo	nth, hov	v ofte	n did yo	our e	yes feel o	discomfort?
		0 Never								
		1 Rarely								
		2 Sometim								
		3 Frequent								
		4 Constant	lly							
	b.	When your eyes fe end of the day, wit		A CONTRACTOR OF THE PARTY OF TH				eeling	of disco	omfort at the
		Never have it 0 □	Not	at all int	tense 2 🗌		3 🗌		Very	intense 5
2.	Qu	estions about EYE	DRYNES	S:						
	a.	During a typical da	ay in the	past mo	onth, ho v	v ofte	en did y	our e	yes feel	dry?
2.		0 Never								
		1 Rarely								
		2 Sometim								
		3 Frequent								
		4 Constant	lly							
b. When your eyes felt dry, how intense was this feeling									ryness a	it the end of the
		day, within two ho							V = 1 = M10 1000	
		Never have it	Not	at all int			• □			intense
		0 🔲		1 📙	2		3 🗌		4 🔲	5
3.	Du	estion about WATE ring a typical day in tery?			, how of	ten d	id your	eyes	look or t	eel excessively
		0 Never								
		1 Rarely								
		2 Sometim								
		4 Constant								
	_									
	S	core: 1a +	1b	+ 2a	+	2b	+	3	=	Total
		+		+	_ +		+ _	- 2	= _	

OCULAR SURFACE DISEASE INDEX®

Please answer the following questions by checking the box that best represents your 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?					
2. Eyes that feel gritty?					
3. Painful or sore eyes?		0			
4. Blurred vision?					
5. Poor vision?					

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?						
7. Driving at night?						
8. Working with a computer or bank machine (ATM)?						
9. Watching TV?						

Have your eyes felt uncomfortable in any of the following situations during the last week:

The same that the control of the con								
	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?								
11. Places or areas with low humidity (very dry)?								
12. Areas that are air conditioned?								

Scoring Instructions

Item scoring

The total OSDI score is calculated based on the following formula:

where the severity was graded on a scale of

0 = none of the time,

1 = some of the time,

2 = half of the time,

3 = most of the time,

4 = all of the time.

Interpretation

A score of 100 corresponds to complete disability (a response of "all of the time" to all questions answered), while a score of 0 corresponds to no disability (a response of "none of the time" to all questions answered). Therefore, change from baseline of -12.5 corresponds to an improvement by at least one category in half of the questions answered.

Subscale Scoring

Subscales scores are computed similarly with only the questions from each subscale used to generate its own score.

Therefore, any subscales analyzed separately would also have a maximum possible score of 100.

The three subscales (vision-related function, ocular symptoms and environmental triggers) are broken out as follows:

Subscale	Questions	
Vision-Related Function	4, 5, 6, 7, 8, 9	
Ocular Symptoms	1, 2, 3	
Enviromental Triggers	10, 11, 12	