APPENDIX 2

1. Questions about **EYE DRYNESS**:

a. During a typical day in the past week, how often did your eyes feel dry?							en did your eyes feel dry?
			Never				
			Rarely				
			Sometime	S			
			Frequently	/			
			Constantly	/			
b. When your eyes felt dry, how intense was this feeling of dryness?							
	Never Not at All nave it Intense					Very Intense	
-	0	1	2	3	4	5	
c. When your eyes felt dry towards the end of the day , how intense was this feeling of dryness?							
		Not a	-			Very	
_	have it	Inter	se			Intense	
	0	1	2	3	4	5	

Adapted from Contact Lens Dry Eye Questionnaire copyright Indiana University 2009