

## APPENDIX 2

### 1. Questions about **EYE DRYNESS**:

a. During a typical day in the past week, **how often** did your eyes feel dry?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently
- ☐ Constantly

b. When your eyes felt dry, **how intense** was this feeling of dryness?

Never have it	Not at All Intense				Very Intense
0	1	2	3	4	5

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c. When your eyes felt dry towards the **end of the day**, how **intense** was this feeling of dryness?

Never have it	Not at All Intense				Very Intense
0	1	2	3	4	5

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