LACRISERT®
(hydroxypropyl cellulose ophthalmic insert)

Dry Eye Discussion Guide

Sex:	☐ Male	☐ Female		
Age:	☐ Under 25	☐ 25 to 45	☐ Over 45	
Do you wear contact lenses?	☐ Yes	☐ No		
If yes, are they:	☐ Hard contacts	☐ Soft contacts		
Have you ever used any treatment for Dry Eye?	☐ Yes	☐ No	☐ Uncertain	
Do you ever feel any of the following symptoms?				
Dryness, soreness, or itchiness	☐ Yes	☐ No		
Pain, stinging, or burning	☐ Yes	☐ No		
Excessive tearing	☐ Yes	☐ No		
Foreign body sensation	☐ Yes	☐ No		
Sensitivity to light	☐ Yes	☐ No		
Blurred vision	☐ Yes	☐ No		
Redness	☐ Yes	☐ No		
Are your eyes unusually sensitive to cigarette smoke, smog, air-conditioning, or heat?	☐ Yes	☐ No	☐ Sometimes	
When you swim, do your eyes become red or irritated?	☐ Yes	☐ No	☐ Sometimes	☐ I don’t swim
Does drinking alcohol dry or irritate your eyes?	☐ Yes	☐ No	☐ Sometimes	☐ I don’t drink
Do you use any of the following medications?				
Cold or allergy medicine	☐ Yes	☐ No		
Laxatives	☐ Yes	☐ No		
Sleeping pills	☐ Yes	☐ No		
Birth control pills	☐ Yes	☐ No		
Digestive medicine	☐ Yes	☐ No		
Blood pressure medicine	☐ Yes	☐ No		
Medicine to cope with depression	☐ Yes	☐ No		
Other	☐ Yes	☐ No	If yes, describe: ____________________	
Do you have arthritis?	☐ Yes	☐ No	☐ Uncertain	
Do you suffer from thyroid abnormality?	☐ Yes	☐ No	☐ Uncertain	
Do other parts of the body (such as the mouth, nose, throat, chest, or vagina) feel dry?	☐ Never	☐ Sometimes	☐ Often	☐ Constantly
Are you known to sleep with your eyes open?	☐ Yes	☐ No	☐ Sometimes	☐ Uncertain
Are your eyes irritated when you wake up?	☐ Yes	☐ No	☐ Sometimes	

ATON PHARMA