

Ocular Surface Disease Index© (OSDI©)2

Ask your patient the following 12 questions, and circle the number in the box that best represents each answer. Then, fill in boxes A, B, C, D, and E according to the instructions beside each.

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING DURING THE LAST WEEK :

	All of the time	Most of the time	Some of the time	Half of the time	None of the time
1. Eyes that are sensitive to light?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
2. Eyes that feel gritty?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
3. Painful or sore eyes?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
4. Blurred vision?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
5. Poor vision?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

Subtotal score for answers 1 to 5:

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	Some of the time	Half of the time	None of the time	
6. Reading?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A
7. Driving at night?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A
8. Working with a computer or bank machine (ATM)?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A
9. Watching TV?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A

Subtotal score for answers 6 to 9:

HAVE YOUR EYES FELT UNCOMFORTABLE IN ANY OF THE FOLLOWING SITUATIONS DURING THE LAST WEEK

	All of the time	Most of the time	Some of the time	Half of the time	None of the time	
10. Windy conditions?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A
11. Places or areas with low humidity (very dry)?	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A
12. Areas that are air conditioned	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	N/A

Subtotal score for answers 10 to 12:

Add Subtotals A, B, and C to obtain D
(D = Sum of scores for all questions answered)

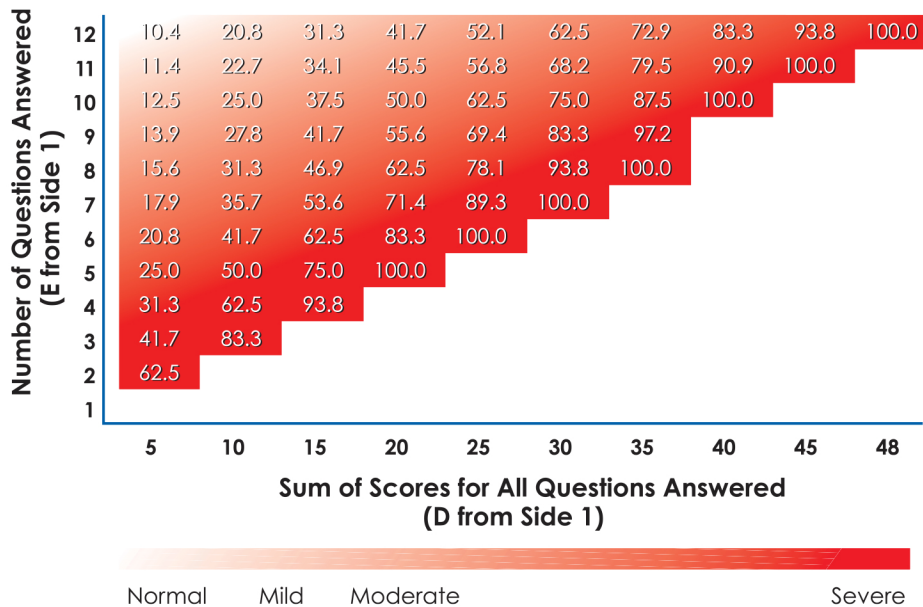
Total number of questions answered
(Do not include questions answered N/A)

Evaluating the OSDI© Score

The OSDI© is assessed on a scale of 0 to 100, with higher scores representing greater disability. The index demonstrates sensitivity and specificity in distinguishing between normal subjects and patients with dry eye disease. The OSDI© is a valid and reliable instrument for measuring dry eye disease severity (normal, mild to moderate, and severe) and effect on vision-related function.

Assessing Your Patient's Dry Eye Disease

Use your answers D and E from Side 1 to compare the sum of scores for all questions answered (D) and the number of questions answered (E) with the chart below.* Find where your patient's score would fall. Match the corresponding shade of red to the key below to determine whether your patient's score indicates normal, mild, moderate, or severe dry eye disease.



*Values to determine dry eye disease severity calculated using the OSDI© formula: $OSDI© = (\text{sum of scores}) \times 25 (\# \text{ of questions answered})$

Patient's Name: _____ Date: _____

How long has the patient experienced dry eye? _____

Eye Care Professional's Comments: _____
