

Ocular Surface Disease Index 6: OSDI 6

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Please answer the following questions by circling the numbers in the boxes

	Constantly	Mostly	Often	Sometimes	Never
Have you experienced any of the following <i>during a typical day of the last month</i>?					
1. Eyes that are sensitive to light?	4	3	2	1	0
2. Blurred vision?	4	3	2	1	0
Have problems with your eyes limited you in performing any of the following <i>during a typical day of the last month</i>?					
3. Driving at night?	4	3	2	1	0
4. Watching TV (or similar)?	4	3	2	1	0
Have your eyes felt uncomfortable in any of the following situations <i>during a typical day of the last month</i>?					
5. Windy conditions?	4	3	2	1	0
6. Places or areas with low humidity?	4	3	2	1	0

Sum of all questions: _____

Likely Dry Eye if total sum ≥ 4

