

Title page

Prevalence and Risk Factors of self-reported dry eye in Brazil using a short symptom questionnaire

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Dry eye questionnaire:

Age: _____

Sex: () male () female

1.How often do your eyes feel dry?

() never

() sometimes

() often

() constantly

2.How often do your eyes feel irritated?

() never

() sometimes

() often

constantly

3. Have you ever been diagnosed (by a clinician) as having dry eye syndrome?

Yes No

Mark the any of the following conditions if you have:

Menopause Yes No

Diabetes Yes No

Connective tissue disorders Yes No

Cancer therapy Yes No

Ocular surgery Yes No

Contact lens wear Yes No

Computer use more than 6 hours per day Yes No

Smoking Yes No

Antidepressants medications Yes No

Anti-allergy medications Yes No