

Evaluation of dry eye symptoms and risk factors among medical students

Dear colleagues,

In order to determine the frequency and the impact of different risk factors on the onset and worsening of dry eye symptoms among medical student we present you with this 3 part questionnaire.

This survey is completely anonymous. Through completion of this questionnaire, you would help us analyze this problem.

We thank you for your cooperation.

If you agree with usage of given information in scientific purposes, please check the box below.

Yes, I agree.

Please answer the following questions as sincere and objective as possible by choosing one of the available answers or by filling the gap beside the questions if needed.

I

1. Sex: Male
 Female
2. Age: _____
3. Which year of study are you attending?
 1th
 2th
 3th
 4th
 5th
 6th
4. Do you use contact lenses?
 Yes

No

5. Do you suffer from allergies?

Yes

No

6. Do you suffer from any systemic disease?

Yes

No

7. Do you smoke?

Yes

No

8. Do you use contraceptive pills?

Yes

No

II

9. How many hours per day do you study?

0-3h

3-6h

More than 6h per day

10. How many hours per day do spend studying books and hard copy literature?

I do not study using books and hard copy literature.

0-3h

3-6h

More than 6h per day

11. How many hours per day do study using computer, laptop, and other VD devices?

I do not study using computer, laptop, and other VD devices.

0-3h

3-6h

More than 6h per day

7)Driving at night?

8)Working with a computer or bank machine (ATM)?

9)Watching TV?

15. Have your eyes felt uncomfortable in any of the following situations during the last week?

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
10)Windy conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11)Places or areas with low humidity (very dry)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12)Areas that are air conditioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thank you!

