

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. Vision blurring between blinks, with your refractive correction?	4	3	2	1	0
			Symptoms and visual disturbance subscale score ⇒		
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 or being driven at night?	4	3	2	1	0
4. Watching TV, or a similar task?	4	3	2	1	0
			Visual function/tasks subscale score ⇒		
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
			Environmental subscale score ⇒		

Sum of all questions: _____

Likely dry eye if total sum ≥ 4

