McMonnies & Ho

The Dry Eye Questionnaire developed by McMonnies & Ho is a useful indicator of dry eye syndrome. In general any score over 14.5 indicates the presence of dry eye. Although the questionnaire alone may not be a reliable measure of severity, it is widely used as a clinical evaluation tool.

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| --- | --- | --- | --- |
| **Please select your demographic:** |  |  |  |
| Male or Female under 25  | Male 25 - 45  | Female 25 - 45  | Male over 45  | Female over 45  |
| **Do you ever experience any of the following symptoms:** | Yes | No |  |
|  | Soreness Scratchiness Dryness Grittiness Burning  |  |  |  |
| **How often do your eyes have these symptoms?** | Constantly  | Often  | Sometimes  |
| **Have you ever had eye drops prescribed or any other treatment for dry eyes?** | Yes  | No  | Uncertain  |
| **Do you suffer from thyroid abnormality?** | Yes  | No  | Uncertain  |
| **Do you suffer from arthritis?** | Yes  | No  | Uncertain  |
| **Do you experience dryness of the nose, mouth, throat, chest or vagina?** | Constantly  | Often  | Sometimes  | Never  |
| **Do you regard your eyes as being unusually sensitive to cigarette smoke, smog, air conditioning or central heating?** | Yes  | No  | Sometimes  |
| **Do you eyes become very red and irritated when swimming in chlorinated fresh water?** | Yes  | No  | Sometimes  |
| **Do you take any of the following medication?:** | Yes | No |  |
| Antihistamines (oral or eye drops) Diuretics (water pill for hypertension) Sleeping Pills HRT Oral Contraceptives Tranquilizers Beta-Blockers  |  |  |  |
| **Are your eyes dry and irritated the day after drinking alcohol?** | Yes  | No  | Sometimes  |
| **Are you known to sleep with your eyes partly open?** | Yes  | No  | Uncertain  |
| **Do you have eye irritation when you wake up from sleep?** | Yes  | No  | Uncertain  |