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 |