***Instructions: This form is to be completed by the DREAM Clinic Coordinator at the Screening Visit by directly questioning the patient. Please continue completing the form even if the responses render the patient ineligible. If at the Baseline Visit the patient indicates a change in their use of dry eye treatment, this form must be re-administered at baseline.***

1. Does the patient report having dry eye related ocular symptoms for at least 6 months? **(opsymp)**
2. In the past 2 weeks, has the patient used (or had the desire to use) artificial tears on the average of 2 times per day? **(opartears)**

( )0 No (ineligible, but continue with item 2)

( )1 Yes (ask item 2)

( )0 No (Ineligible but continue with item 2)

( )1 Yes

1. Has the patient ever used Restasis? **(oprest)**

( )0 No

a. Does the patient still use Restasis? **(oprenow)**

( )0 No1. Has it been at least 30 days since the patient last

used Restasis? **(opre30)**

( )0 No (ineligible, but continue with item 3)

( )1 Yes (ask item 2c)

( )1 Yes 2. Has the patient been using Restasis for at least 90

days? **(opre90)**

( )0 No (ineligible, but continue with item 3)

( )1 Yes (ask 2b & 2c)

About how many times per day does the patient use Restasis in each eye? (check one for each eye)

Right eye **(opretm)**  Left eye**(oprele)**

None ( )0 ( )0

1 time ( )1 ( )1

2 times ( )2 ( )2

3 times ( )3 ( )3

> 3 times ( )4 ( )4

Can the patient commit to use/not use Restasis for 1 year as they do now? **(opreri)**

( )0 No (ineligible, but continue with item 3)

( )1 Yes (continue with item 3)

( )1 Yes

3. Has the patient ever used punctal plugs?

1. Does the patient currently have punctual plugs? (**opcurpl)**

( )0 No1. Has it been at least 14 days since the punctal plugs were removed? **(opplrem)**

( )0 No (ineligible, but continue with item 4)

( )1 Yes (ask item 3b)

( )1 Yes 2. Has the patient had the punctal plugs in place for at least 14 days? **(oppl14d)**

( )0 No (ineligible, but continue with item 4)

( )1 Yes (ask 3b)

1. Can the patient commit to using/not using the punctal plugs for 1 year as they do now? **(opplcom )**

( )0 No (ineligible, but continue with item 4)

( )1 Yes (continue with item 4)

**(opplug)**

( )0 No

( )1 Yes

4. Does the patient regularly use Lacriserts? **(oplacr)**

( )0 No

1. Can the patient commit to keep using Lacriserts for 1 year as they do now? **(opla1y)**

( )0 No (ineligible, but continue with item 5)

( )1 Yes (ask item 5)

( )1 Yes

5. Does the patient regularly use artificial tears or gel? **(opatears)**

( )0 No

a. About how many times a day did the patient use tears or gel in the last week? (check one) **(opatlw)**

( )1 1-2 times

( )2 3-4 times

( )3 5-10 times

( )4 greater than 10 times

b. Can the patient commit to using the same brand of artificial tears for 1 year as they do now? **(opat1y)**

( )0 No (ineligible, but continue with item 6)

( )1 Yes (ask item 6)

( )1 Yes

6. Does the patient regularly use lubricating ointment? **(opoint)**

1. About how many times a day in the last week did the patient use lubricating ointment? (check one) **(opoiwe)**

( )1 Less than 1 time per day

( )2 1 time

( )3 2 times

( )4 3 times

( )5 greater than 3 times

1. Can the patient commit to using lubricating ointment for 1 year as they do now? **(opoi1y)**

( )0 No (ineligible, but continue with item 7)

( )1 Yes (Ask item 7)

( )0 No

( )1 Yes

7. Does the patient regularly use any of the following over-the-counter treatments for dry eye?

a.Lid scrubs **(oplids)** ( )0No ( )1 Yes

Can the patient commit to keep using these treatments for 1 year? **(optx1y)**

( )0 No (ineligible, but continue with item 8)

( )1 Yes (ask item 8)

b.Baby Shampoo **(opsham)** ( )0No ( )1 Yes

c.Warm lid soaks **(opwlid)** ( )0No ( )1 Yes

d.Other OTC treatments **(opootc)** ( )0No ( )1Yes

1. Specify, other: \_\_\_\_\_\_\_\_\_\_**(opotcs)**

1. Does the patient still use steroid eye drops or ointments? **(opstnow)**

( )0 No1. Has it been at least 30 days since the patient last used steroid drops or ointment?

**(opst30)**

( )0 No (ineligible, but continue with item 9)

( )1 Yes (ask item 8b)

( )1 Yes 2. Has the patient been using steroid eye drops or ointments for at least 90 days?

**(opst90)**

( )0 No (ineligible, but continue with item 9)

( )1 Yes (ask 8b)

1. Can the patient commit to use/not use steroid eye drops or ointments for 1 year as they do now? **(opst1y)**

( )0 No (ineligible, but continue with item 9)

( )1 Yes (continue with item 9)

8. Has the patient ever used steroid eye drops or ointments?

**(opsted)**

( )0 No

( )1 Yes

9. Has the patient ever used antibiotic drops or ointments? **(opantib)**

( )0 No

( )1 Yes

1. Does the patient still use antibiotic eye drops or ointments?

**(opabuse)**

( )0 No1. Has it been at least 30 days since the patient last used antibiotic drops or ointment? **(opab30)**

( )0 No (ineligible, but continue with item 10)

( )1 Yes (ask item 9b)

( )1 Yes 2. Has the patient been using antibiotic eye drops or ointments regularly/chronically for at least 90 days? **(opab90)**

( )0 No (ineligible, but continue with item #10)

( )1 Yes (ask 9b)

1. Can the patient commit to use/not use antibiotic eye drops or ointments for 1 year as they do now? **(opab1y)**

( )0 No (ineligible, but continue with item 10)

( )1 Yes (continue with item 10)

10. Has the patient ever taken prescription pills for dry eye such as doxycycline, Oracea, Vibramycin, Doryx or Monodox? **(cmdryeye)**

1. Is the patient currently taking these prescription pills? **(cmdrnow)**

( )0 No1. Has it been at least 30 days since the

patient last took these pills? **(cmdr30)**

( )0 No (ineligible, but continue with item 11)

( )1 Yes ( ask item 10b)

( )1 Yes 2. Has the patient been taking these pills

for at least 90 days? **(cmdr90)**

( )0 No (ineligible, but continue with item 11)

( )1 Yes (ask item 10b)

1. Can the patient commit to using or not using these prescription pills as they do now for 1 year? **(cmdr1y)**

( )0 No (ineligible, but continue with item 11)

( )1 Yes (ask item 11)

( )0 No

( )1 Yes

11. Has the patient ever used a Prokera

1. Does the patient still use Prokera? **(opprnow)**

( )1 Yes (ineligible, but continue with item 12)

( )0 No 1. Has it been at least 90 days since you’ve

last used Prokera? **(oppr90)**

( )0 No (ineligible, but continue with item 12)

( )1 Yes (ask item 11b)

1. Can the patient commit to not using Prokera for 1 year? **(oppr1y)**

( )0 No (ineligible, but continue with item 12)

( )1 Yes (ask item 12)

amniotic membrane device? **(opprok)**

( )0 No

( )1 Yes

12. Has the patient ever used LipiFlow or intense light treatment? **(oplipi)**

1. Does the patient still use Lipiflow or intense light treatment? **(oplinow)**

( )1 Yes (ineligible, but continue with item 13)

( )0 No 1. Has it been at least 90 days since the patient last used LipiFlow or intense light treatment?

**(opli90)**

( )0 No (ineligible, but continue with item 13)

( )1 Yes (ask item 12b)

1. Can the patient commit to not using Lipiflow or intense light treatment for 1 year? **(opli1y)**

( )0 No (ineligible, but continue with item 13)

( )1 Yes (ask item 13)

( )0 No

( )1 Yes

13. Has the patient ever used autologous serum eye drops? **(opasdr)**

( )0 No

1. Does the patient still use autologous serum eye drops? **(opasnow)**

( )0 No1. Has it been at least 30 days since the patient last

used autologous serum eye drops? **(opas30)**

( )0 No (ineligible, but continue with item 14)

( )1 Yes (ask item 13b)

( )1 Yes 2. Has the patient been using autologous serum eye

drops for at least 90 days? **(opas90)**

( )0 No (ineligible, but continue with item 14)

( )1 Yes (ask item 13b)

Can the patient commit to continuing to use autologous serum eye drops as they do now for 1 year? **(opas1y)**

( )0 No (ineligible, but continue with item 14)

( )1 Yes (ask item 14)

( )1 Yes

14. Does the patient regularly use any other treatment for dry eye? **(opothe)**

a. If yes, specify: **(opoths)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( )0 No

( )1 Yes

1. Last name and certification number of person who completed this form

a. PRINT last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname)**

b. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**

1. Date Form Completed **(qccompdtc)**

\_\_ \_\_ / \_\_ \_\_ / **2** **0 1** \_\_

Month Day Year

Archived question 3 (version 8/5/2014)

3. Does the patient have punctal plugs in place? **(oppunc)**

( )0 No

1. Has the patient had punctal plugs for *at least* 90 days? **(oppu90)**

( )0 No (ineligible, but continue with item 4)

( )1 Yes (ask item 3b)

1. Can the patient commit to retaining the punctal plugs for 1 year? **(opppu1y)**

( )0 No (ineligible, but continue with item 4)

( )1 Yes (continue with item 4)

( )1 Yes