



**FLuorometholone as Adjunctive MEdical Therapy
for TT Surgery (FLAME) Trial**

OSI (025.1)

05/19/2021

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OCULAR SURFACE DISEASE INDEX ©
(US English version of the OSDI)

ID. No.: subjid - ____ Alpha Code: alpha_code Visit: osivisit

Please answer the following questions by checking the box that best represents your answer.

Have you experienced any of the following **during the last week**:

		All of the time	Most of the time	Half of the time	Some of the time	None of the time
1	Eyes that are sensitive to light? <u>osilight</u>					
2	Eyes that feel gritty? <u>osigritty</u>					
3	Painful or sore eyes? <u>osisoreeyes</u>					
4	Blurred vision? <u>osiblurred</u>					
5	Poor vision? <u>osipoorvision</u>					

Have problems with your eyes limited you in performing any of the following **during the last week**:

		All of the time	Most of the time	Half of the time	Some of the time	None of the time	Not applicable
6	Reading? <u>osireading</u>						
7	Driving at night? <u>osidriving</u>						
8	Working with a computer or bank machine (ATM)? <u>osicomputer</u>						
9	Watching TV? <u>ositv</u>						

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	Not applicable
10	Windy conditions? <u>osiwindy</u>						
11	Places or areas with low humidity (very dry)? <u>osilowhumidity</u>						
12	Areas that are air conditioned? <u>osiairconditioned</u>						

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13. Name & certification number of study
team member completing form

a. Print Name: _____

b. Certification #: ____

14. Date form completed: ____/____/____
Day Month Year

Data entry complete date: ____/____/____
Data entered by initials: ____