

DRY EYE TEST

Work-sheet

AIM: To establish whether the subject is having dry eye or not.

Name of Subject: _____ **Age** _____

Student' Name: _____ **Date** _____

TBUT Test:

1. Moisten the fluorescence strip with one drop of sterile solution.
2. Touch the moisten strip to the subject's temporal bulbar conjunctiva.
3. Ask the subject to blink several times.
4. Put the subject on slit lamp with cobalt blue filter.
5. Scan the entire cornea for dark spot or streaks.
6. Count the number of seconds between last blinks and the first appearance of dark spot

EYE	RESULT 1	RESULT 2	RESULT 3
RE			
LE			

NORMAL VALUE RANGE IS 15 TO 45 SECONDS

SCHIRMER TEST:

1. Put the Schirmer strip on the lower temporal lid.
2. Ask the subject to look down towards his feet.
3. Wait for 5 minutes, record the amount of strip wet.

WITHOUT ANAESTHESIA:

EYE	RESULT 1	RESULT 2
RE		
LE		

WITH ANAESTHESIA:

EYE	RESULT 1	RESULT 2
RE		
LE		

NORMAL RANGE:

DRY EYE HISTORY TAKING

1. Have you experienced light sensitivity during last week?
YES/NO/OCCASIONALLY
2. Have you experienced eye grittiness during last week?
YES/NO/OCCASIONALLY
3. Have you experienced painful or sore eyes during last week?
YES/NO/OCCASIONALLY
4. Have you experienced blurred vision during last week?
YES/NO/OCCASIONALLY
5. Have you experienced poor vision during last week?
YES/NO/OCCASIONALLY
6. Have you experienced burning sensation in your eyes during last week?
YES/NO/OCCASIONALLY
7. Have you experienced problem while reading during last week?
YES/NO/OCCASIONALLY
8. Have your eyes felt uncomfortable in areas with low humidity during last week? YES/NO/OCCASIONALLY
9. Have your eyes felt uncomfortable in air condition place during last week:?
YES/NO/OCCASIONALLY
10. Have your eyes felt uncomfortable during windy condition during last week?

YES/NO/OCCASIONALLY

Diagnosis Dry Eyes : Severe / Mild / Absent