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"Dry Eyes Daily" Survey

QUESTIONNAIRE

S1. Your gender :

- ❑ Male
- ❑ Female

S2. How old are you? …..years

Dry Eye Syndrome exploration

A. Patients' Verbatim

Q1. You stated you have dry eyes. What are the 4 words that come to your mind in order to describe the eye condition you suffer from? [Open Ended Question]

Word 1 :
Word 2 :
Word 3 :
Word 4 :

B. Symptoms and impact on daily life

Q2. From the following symptoms, which 4 describe best your eye condition and what you feel? (please choose up to 4 answers)

1. Sore eyes
2. Itchy eyes
3. Burning eyes
4. Foreign body sensation
5. Swollen eyes
6. Dry eyes / Ocular dryness / Eyes dryness
7. Painful eyes / Pain in eyes
8. Lids scratching the eyes
9. Blurred vision
10. Feeling as burdened eyes / heavy eyes
11. Eyes sticking to the lids
12. Lack of tears

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Q3. Since your dry eyes condition has appeared, what has been the impact on your daily life? Please choose a maximum of 3 answers.

1. Need to wear sun glasses when you go out
2. Disturbance of leisure and hobbies such as inability to read a book for too long
3. Disturbance of leisure and hobbies involving a screen (TV, laptop, PC…)
4. Disturbance of leisure and hobbies such as sports (swimming..)
5. Avoiding going to the cinema
6. Avoiding air conditioned places / dry air places
7. Avoiding walking outdoors on windy days
8. Disturbance of your work related to the use of a screen (laptop, PC…)
9. Disturbance of your work related to the use of any tool or instrument requiring a prolonged focused vision (laptop, PC…)
10. Avoiding the use of some transportation modes (underground, planes…)
11. Avoiding driving your own car
12. Avoiding putting on make-up
13. Disturbance during your sleep, to the point that you have to wake up
14. The feeling that people stare at you / look at you differently
15. None of the above

Q4. In order to understand your dry eyes impact on daily life, please rate on a scale of 0 to 10 the following items. Please make sure to read carefully the meaning of score graduation for each item.

- **Daily discomfort**

0: No daily discomfort at all – 10 : Extreme daily discomfort

- **Daily Pain**

0: No daily discomfort at all – 10 : Extreme daily pain

- **Daily constraints**

0: No daily constraints at all – 10 : High daily constraints

- **Impact on your personal life**

0: No impact at all – 10 : High negative impact on your personal life

- **Impact on your relationships and social life**

0: No impact at all – 10 : High negative impact on your relationships and social life

- **Impact on your work-life**

0: No impact at all – 10 : High negative impact on work-life

- **Impact on your global quality of life**

0: No impact at all – 10 : High negative impact on your global quality of life

Q5. A. To what extent does the weather/season have an impact on your symptoms?

0 – no impact whatsoever 10 – A major impact

B. Which seasons in particular have a negative impact on your symptoms?

1. ❑Spring
2. ❑Summer
3. ❑Autumn
4. ❑Winter

C. Which weather conditions in particular have a negative impact on your symptoms? Please choose up to 3 items

1. ❑Heat
2. ❑Cold
3. ❑Rain
4. ❑Sunshine
5. ❑Fog
6. ❑Wind
7. ❑Other (please specify:…)
8. ❑None of the above

C. Diagnosis and patient's pathway

Q6. How long have you had this eye condition?

…. Months ago **OR** …. Years ago

Q7. When was your dry eyes diagnosis confirmed by a health care professional?

…. Months ago **OR** …. Years ago

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Q8. Which health care professional conducted/confirmed the diagnosis? (1 answer only)

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist
10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

Q9. A. Before the diagnosis of your dry eyes, did you see any other health care professional regarding your eyes condition?

1 ❑ Yes 2❑ No **[Go to Q9D]**

B. [If Q9A=1] how many different health care professionals did you see regarding your eyes condition before the diagnosis of your dry eyes?

… Health care professional(s)

C. [If Q9A=1] which of the following Healthcare professionals did you see before the diagnosis of your dry eyes? (Multiple choice)

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist

10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

D. What was your diagnosis before dry eyes?

1. ❑ Allergy
2. ❑ Infection
3. ❑ Other (please specify: …..)
4. ❑ None, dry eye was diagnosed first
5. ❑ I don't remember

E. And how were you treated?

Q10. A. Since the diagnosis of your dry eyes, do you see the same healthcare professional (i.e [Insert Q8]) for the follow-up of your eyes?

1 ❑ Yes **[Go to Q11A]** 2❑ No

B. [If Q10A=2] which other health care professional do you see for the follow-up of your dry eyes? (1 answer only)

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist
10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

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Q11. A. Think back in time and try to remember: What triggered you to go and see the [insert Q8] for the diagnosis of your dry eyes? (1 answer only)

1. ❑ You went based on your own decision without seeing any other health care professional, because your eye condition worried you or your symptoms worsened
2. ❑ You went based on concerns/comments from friends or family without seeing any other health care professional
3. ❑ You were recommended by another health care professional for your dry eyes
4. ❑ You were recommended by another health care professional for another eye condition you have
5. ❑ You were recommended by another health care professional for another eyes non-related health issue you have

B. [if codes 3, 4 or 5] which other healthcare professional recommended you to go and see the [Insert Q8] for the diagnosis of your dry eyes? (1 answer only)

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist
10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

Q12. **In order to understand your relationship with the [insert Q8 if Q10A=1 or Q10B if Q10A=2] and their management of your dry eyes, please rate the following attributes from 0-10. Please make sure to read carefully the meaning of the score scale for each item.**

- **Clarity of the explanations presented by the health care professional**
  0: Not clear at all – 10: very clear
- **The attention and concern given by the health care professional regarding your dry eyes**
  0: Not caring at all – 10: Very caring
- **Your satisfaction regarding the treatments options suggested by this health care professional to relief your dry eyes**
  0: Not satisfied at all – 10: very satisfied
- **Your global satisfaction about this health care professional**
  0: Not satisfied at all – 10: very satisfied

D. Therapeutic Management

Q13. **Today, how often you see [insert Q8 if Q10A=1 or Q10B if Q10A=2] for the follow up of your dry eyes?**

…. Times / year

OR

Once every …. Year(s)

Q14. **A. Prior to confirmation of your dry eyes, did you use any product(s) to relieve your eyes?** 1 ❑Yes 2 ❑ No **[Go to Q15]**

B. [If Q14A= 1] which kind of product(s) did you use back then?

1. ❑ Artificial tears
2. ❑ Eye drops /Physiological solution for eyes
3. ❑ An ointment / Cream for eyes

C. [If Q14A= 1] Who recommended this product for you?

For each type of product checked in Q14B

1. ❑ Someone from your friends or family
2. ❑ The pharmacist recommend it to you at the counter
3. ❑ A healthcare professional (please specify :…..)

4. ❑Nobody did, you chose the product on your own from the pharmacy

D. [If Q14A=1] For each of the products you used before your diagnosis, please rate on a scale of 0 to 10 your satisfaction where 0 : not satisfied at all – 10 : totally satisfied from the use of the product

1. ❑ Artificial tears: … / 10
   If checked in Q14B
2. ❑ Eye drops/ Physiological solution for eyes : … / 10
   If checked in Q14B
3. ❑ An ointment/cream to apply into the eyes : … /10
   If checked in Q14B

Q15. A. And today, which kind of product(s) you use to relieve your dry eyes?

1. ❑ Artificial tears
2. ❑ Eye drops/Physiological solution for eyes
3. ❑ An ointment / Cream for eyes

B. Who recommended to you or prescribed this product?

For each type of product checked in Q15A

1. ❑ The pharmacist recommend it to you at the counter in replacement of what the physician prescribed
2. ❑ The healthcare professional that diagnosed your dry eyes
3. ❑ The healthcare professional you see for the follow up of your dry eyes
4. ❑ Another Healthcare Professional
5. ❑ Nobody did, you choose the product on your own from the pharmacy

Q16. A. How often you use this/these product(s)?

For each type of product checked in Q15A

1. Several times a day: …. Times/ day (please specify)
2. Once daily
3. Several times per week
4. Another frequency

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Q17. For each of the products you use today, please rate the following items on a scale from 0 to 10. , Please make sure to read carefully the meaning of score graduation for each item.

For each type of product checked in Q15A

- **Product usage daily frequency**
  0 : frequency of application is very constraining on a daily basis – 10 : frequency of application is not constraining at all on a daily basis
- **Action duration after each application of the product (relief sensation duration)**
  0 : Not satisfying at all – 10 : very satisfying
- **Discretion of use (i.e. people around you not able to see that you have applied the product in your eyes)**
  0 : Not discrete at all – 10 : very discrete
- **Global satisfaction of the product**
  0 : not satisfied at all – 10 : totally satisfied from the use of the product

Q18. At bedtime do you need any gels or ointments for your dry eyes?

1. ❑ Yes
2. ❑ No

Q19. A. Besides artificial tears, do you currently use other specific medications for your dry eyes?

1. Corticosteroids
2. Antihistamines
3. Cyclosporin A
4. Others (please specify: …..)
5. None

B. Besides artificial tears, have you previously used other specific medications for your dry eyes?

1. Corticosteroids
2. Antihistamines
3. Cyclosporin A
4. Others (please specify: …..)
5. None

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Q20. A. Have you looked up information about your dry eyes since you have been diagnosed? 1 ❑ Yes 2 ❑ No

B. [If Q20A=1] From who or through which media did you look for information?
(Multiple choice)

1. ❑ On the Internet
2. ❑ Leaflets about dry eyes
3. ❑ Through a healthcare professional
4. ❑ Patients association
5. ❑ Other : (Please specify:….)

C. [If Q20B= 3] Which Healthcare professionals did you ask for information?

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist
10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

Q21. A. Have you looked up information about new products to treat your dry eyes?

1 ❑ Yes 2 ❑ No

B. [If Q21A=1] who or through which media did you look for information?

1. ❑ On the Internet
2. ❑ Leaflet information in the product's package
3. ❑ Through a healthcare professional
4. ❑ Patients association
5. ❑ Other : (Please specify:….)

Q22. Which from the following best describe what your expectations are today regarding your dry eyes care and therapeutic management?

1. ❑ Improve health care professionals management of your dry eyes by enhancing their knowledge and information on this syndrome
2. ❑ To have better therapies that acts specifically against dry eyes
3. ❑ To have a product that relieves longer with less applications
4. ❑ To increase public awareness of dry eyes
5. ❑ To satisfy your needs of information for a better understanding of the reasons why you have this eye condition
6. ❑ To satisfy your needs of information for a better understanding of how dry eyes impact your life
7. ❑ None of the above

Q23. I'm going to ask you a purely theoretical question that requires careful thought:

Suppose there was a technology that could completely eradicate your eye problem. The technology always works, increases your quality of life but may decrease the length of time you live. If such a technology existed and it was offered to you, would you be willing to take it?

…….. Years

Q24. Do you have any unanswered questions related to dry eye disease, for which you'd like to have an answer? [Open ended question]

Q25. **Finally, in your opinion, dry eyes : (1 answer only]**

1. ❑ Is a disease
2. ❑ Is a discomfort
3. ❑ Is a handicap
4. ❑ None of the above

E. Discussion and sharing about dry eyes

Q26. **A. Today, with who do you talk or discuss the most about your dry eyes? (1 answer only)**

1. ❑ Your spouse
2. ❑ Your kid(s)
3. ❑ Another member of your family
4. ❑ Your friend(s)
5. ❑ Your colleague(s)
6. ❑ Patient association
7. ❑ Healthcare Professional
8. ❑ You don't talk about your dry eyes

B. [if Q26A=7] with which healthcare professional do you talk and discuss about your dry eyes the most? (1 answer only)

1. ❑ Allergies specialist / immunologist
2. ❑ Internist
3. ❑ Dermatologist
4. ❑ Family doctor
5. ❑ General physician
6. ❑ Gynaecologist
7. ❑ Ophthalmologist
8. ❑ Optician
9. ❑ Neurologist
10. ❑ ENT Specialist
11. ❑ Rheumatologist
12. ❑ Optometrist
13. ❑ Other (please specify: …..)

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Q27. When you discuss and talk about your dry eyes, what are the expressions you use the most from the following list? (Please select up to 4 items maximum)

1. Sore eyes
2. Itchy eyes
3. Burning eyes
4. Foreign body sensation
5. Swollen eyes
6. Dry eyes / Ocular dryness / Eyes dryness
7. Painful eyes / Pain in eyes
8. Lids scratching the eyes
9. Blurred vision
10. Feeling as burdened eyes / heavy eyes
11. Eyes sticking to the lids
12. Lack of tears
13. Red eyes
14. Tired eyes
15. Mid-closed eyes / Almost-closed eyes
16. Tired face due to a lack of sleep
17. Apparent rings caused by the fact that you often rub your eyes
18. None of the above

Q28. A. Today, do you think that public awareness about dry eyes should be increased in order to have a better care management and outcome?

1 ❑ Yes 2 ❑ No

B. [if Q28A =1] From the following, which suggestion would you recommend to motivate other people suffering from dry eyes to see a healthcare professional for this condition? (1 answer only)

1. Dry eyes? You should consider consulting your ophthalmologist : different products exist to relieve your symptoms
2. Prevention is better than cure: Dry eyes symptoms may worsen and alter your sight. Act now and ask your doctor's advise
3. You have red eyes? Do you often feel itching or burning in your eyes? This can hide other diseases or disorders. Ask your doctor for advice. Proper solutions exist.

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4. You have red eyes? Do you often feel itching or burning in your eyes? Many people suffer like you. Ask your doctor for advice. Proper solutions exist
5. None of the above

Q29. How well do you think other people understand your dry eye condition? Please rate on a scale of 0 to 10.

0 : others do not understand at all – 10 : others understand perfectly

Q30. a. Do you suffer from a chronic or acute illness?

1. ❑ Yes
2. ❑ No

b. [if Q30A=1] Please specify:

1. ❑Diabetes
2. ❑Hypertension
3. ❑Cancer (please specify :….)
4. ❑Rheumatoid Polyarthritis
5. ❑Parkinson disease
6. ❑Alzheimer disease
7. ❑Hypercholesterolemia
8. ❑Osteoporosis
9. ❑Chronic obstructive pulmonary disease
10. ❑ Asthma
11. ❑Multiple sclerosis
12. ❑Chronic Anaemia
13. ❑Crohn's disease
14. ❑Chronic pain
15. ❑Depression
16. ❑Eczema
17. ❑Endometriosis
18. ❑Erectile Dysfunction
19. ❑Headache
20. ❑Migraine
21. ❑Hearing problems
22. ❑Hepatitis
23. ❑Lupus
24. ❑Obesity

25. ❑Psoriasis
26. ❑Sinusitis
27. ❑Eye disorders or discomfort
28. ❑Scoliosis
29. ❑Other (please specify: …..)

Q31. In what part of your body did the Sjögren's syndrome start?

1. ❑ Eyes
2. ❑ Mouth
3. ❑ Intimate areas
4. ❑ Joints
5. ❑ Other (please specify: …..)
6. ❑ I don't remember

Q32. Have you undergone any eye surgery, if so which type:

1. ❑ Refractive (corrective vision) surgery
2. ❑ Cataract
3. ❑ Glaucoma
4. ❑ Other
5. ❑ I have never had any eye surgery

Q33. What is your marital status?

1. Married
2. Divorced
3. Widower
4. Never married/ single
5. Separated

Q34. a. Do you have any kids?

1. ❑ Yes
2. ❑ No

b. [if Q34A=1] please specify how many: ...

persons in total: ……

Q35. How many persons live in your home/house? (including you)

Q36. You live in a :

1. Rural zone
2. Urban zone

Q37. What is the population size of the city / town where you live?

1. Less than 10 000 residents
2. Between 10 000 and 20 000 residents
3. Between 20 000 and 50 000 residents
4. Between 50 000 and 100 000 residents
5. Between 100 000 and 200 000 residents
6. Between 200 000 and 500 000 residents
7. More than 500 000 residents

Q38. What is your current professional situation?

1. Independent (partial time)
2. Independent (full time)
3. Employed (partial time)
4. Employed (full time)
5. Temporarily inactive / unemployed (job seeker, disease leaf...)
6. Retired
7. Student

Q39. From the following what describes the most your professional level activity? If you are unemployed or job seeker, please consider your last occupation

1. Directors and officers
2. Liberal / Licensed activity
3. Professional and technical assistant
4. Administration and secretarial services
5. Skilled trades
6. Personal support services
7. Sales and customer services
8. Process operator / factory worker / machine operator
9. Low skilled / elementary occupations

Q40. Which from the following describes the most your professional activity? If you are unemployed or job seeker, please consider your last occupation

1. Architecture and engineering
2. Arts, fashion design, entertainment, sports and media
3. Business development, financial operations, risk management and accounting
4. Community and social services
5. Computing, information technology and mathematics
6. Construction and extraction
7. Education, training and library
8. Management / direction
9. Maintenance and cleaning of facilities, buildings and surfaces
10. Livestock, fishing and forestry activities
11. Food industry and related activities
12. Supportive and hospital care
13. Installation, maintenance and repairs
14. Lawyers and related activities
15. Life, physics and social science research
16. Military occupations
17. Clerical occupations, administrative support, purchasing, human resources, customer services and communication
18. Personal care services
19. Production management, research and development, strategic planning, operations
20. Manufacturing
21. Protection Services
22. Sales, account management, marketing, advertising
23. Students
24. Transport and relocation

Q41. Do you have health insurance coverage?

1. Yes, a social security health insurance
2. Yes, a private insurance
3. Yes, both

Q42. Does your health insurance cover :

1. Medical consultation(s) related to your eyes condition(s):
2. Medical consultation(s) related to any other disease:
3. Products and medicine related to your eyes condition(s):
4. Products and medicine related to any other disease:
5. Eyes related surgery:
6. Other surgery: