

Item

**Sub-concept
(Dimensions)**

**Concept
(Module)**

I was happy with how quickly my treatments worked

I was happy with how long the effects of my treatments lasted

The treatments I used completely eliminated my dry eye symptoms

The treatments I used relieved most of my dry eye symptoms

**Satisfaction
with Treatment
Effectiveness**

I was bothered by how often I had to use dry eye treatments

I was bothered by blurriness shortly after using my eye drops

I was embarrassed when I had to use my eye drops

I felt like I could not go anywhere without my eye drops

**Treatment-
Related
Bother/
Inconvenience**

OVER THE LAST TWO WEEKS, how often did you use treatment for your dry eyes

Do you ever use eye drops to treat your dry eyes?

**Dry Eye
Treatment
Satisfaction**

