Eye Clinic of Quitman

Patient Quick Questionnaire

Appointment Date: _____

What is the reason for your visit?

_____

Do you have diabetes?	YES	NO
Do your eyes itch?	YES	NO
Do your eyes burn?	YES	NO
Do your eyes water?	YES	NO
Do your eyes get blurry?	YES	NO
Do your eyes get tired?	YES	NO
Do your eyes seem red?	YES	NO
Do you experience eye irritation or discomfort?	YES	NO
Do you have trouble seeing at night?	YES	NO
Do you have any discharge coming from your eyes?	YES	NO