

Post-Cataract Subjective Discomfort Index Questionnaire (Cat-SDI-Q) ver.1.1

- 1. Please evaluate the foreign body sensation in your eye. Use the scale from 1 (severe) to 10 (none).**

1 2 3 4 5 6 7 8 9 10

*similar to a
sensation of a
hot ember in
the eye*

*similar to the
sensation of
sand or dust in
the eye*

*similar to
sensation of fine
dust or powder
in the eye*

- 2. Please evaluate the tearing discomfort of the eye. Use a scale from 1 (severe) to 10 (none).**

1 2 3 4 5 6 7 8 9 10

*constant or
nearly
constant
spilling of tears
over the lid
margin.*

*infrequent or
intermittent
spilling of tears
over the lid
margin.*

*positive sensation of
fullness of the
conjunctival sac
without tears
spilling over the lid
margin*

- 3. Please evaluate potential pain or discomfort that you experience when blinking your eyes. Use scale from 1 (severe) to 10 (none)**

1 2 3 4 5 6 7 8 9 10

*Very intense
discomfort or
pain. I want to
keep my eyes
closed most of
the time*

*I feel pain or
discomfort
that interferes
with my visual
capacity and
makes me
frustrated*

*I feel very
rarely a vague
discomfort
that does not
interfere with
my visual
capacity*

- 4. Please evaluate potential stinging sensation that you experience. Use scale from 1 (severe) to 10 (none)**

1 2 3 4 5 6 7 8 9 10

*Very intense
stinging
sensation. I
want to keep
my eyes closed
most of the
time*

*I have that
stinging
sensation
several times
per day. It
makes me
frustrated*

*I have very
rarely a
stinging
sensation. It
doesn't make
me worry*