Name .....

Forename .....

SELF-EVALUATION
questionnaire

PATIENT INFORMATION

1- ARE YOU ...	
Female	☐
Male	☐

2- WHAT IS YOUR AGE BRACKET?	
< 18 years	☐
18 - 34 years	☐
35 - 54 years	☐
55 - 74 years	☐
> 74 years	☐

3- BEFORE BENEFITING FROM TREATMENT WITH THE E-Eye, WHICH PALLIATIVE TREATMENT DID YOU USE?	
Tear substitute lotion, ointment or spray	☐
Occlusion of the lachrymal points	☐
Moisture chamber spectacles	☐
Antibiotic treatment	☐
Cortisone lotion treatment	☐
Cyclosporine treatment	☐
Treatment by food supplements	☐
LipiFlow	☐
Other	☐

CONDUCT OF SESSIONS

4- HOW MANY E-Eye SESSIONS HAVE YOU COMPLETED?	
1 session	☐
2 séances	☐
3 sessions	☐
4 sessions	☐
5 sessions	☐
More than 5 sessions	☐

5- HAVE YOU FOUND THE E-Eye TREATMENT PAINFUL?	
Yes	☐
No	☐

6- DID YOU FIND THE E-Eye TREATMENT SESSIONS QUICK?	
Yes	☐
No	☐

SELF-EVALUATION OF PERFORMANCE (SATISFACTION RATING)

7- HOW WOULD YOU RATE THE IMPROVEMENT (ON A SCALE OF 0 - 10) AFTER EACH SESSION?

	0	1	2	3	4	5	6	7	8	9	10
After 1 session (to be completed at the 2nd session)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
After 2 sessions (to be completed at the 3rd session)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
After 3 sessions (to be completed at the 4th session)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
After 4 sessions (to be completed at the next visit)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8- WOULD YOU RECOMMEND TREATMENT WITH THE E-Eye TO YOUR FRIENDS AND FAMILY?	
Yes	☐
No	☐

IRPL Technology – intense regulated pulsed light technology

E-Eye
technological innovation

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