

DRY EYE QUESTIONNAIRE (DEQ-5)

1. Questions about **EYE DISCOMFORT**:

a. During a typical day in the past month, how often did your eyes feel discomfort?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

b. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within two hours of going to bed?

NEVER HAVE IT	NOT AT ALL INTENSE				VERY INTENSE
0	1	2	3	4	5

2. Questions about **EYE DRYNESS**:

a. During a typical day in the past month, how often did your eyes feel dry?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

b. When your eyes felt dry, how intense was this feeling of dryness at the end of the day, within two hours of going to bed?

NEVER HAVE IT	NOT AT ALL INTENSE				VERY INTENSE
0	1	2	3	4	5

3. Question about **WATERY EYES**:

During a typical day in the past month, how often did your eyes look or feel excessively watery?

NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
0	1	2	3	4

Score: 1a + 1b + 2a + 2b + 3 = Total

1a	+	1b	+	2a	+	2b	+	3	=	TOTAL

Proposed Screening criteria for the DEQ5 is >6 for Dry Eye