

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. Questions 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 |
|----|---|----|---|----|---|----|---|---|---|-------|
| | | | | | | | | | | |