DEQ 5

1. Questions about **EYE DISCOMFORT:**

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

0 Never
1 Rarely
2 Sometimes
3 Frequently
4 Constantly

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 look or feel dry?

0 Never
1 Rarely
2 Sometimes
3 Frequently
4 Constantly

B) When your eyes felt dry, **how intense was this feeling of dryness** at the end of the day, withing two hours of going n to bed?

Never have it | Not at all intense | | | | Very intense
0 | 1 | 2 | 3 | 4 | 5

3. Questions about **WATERY EYES:**

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

0 Never
1 Rarely
2 Sometimes
3 Frequently
4 Constantly

Score: ____ + ____ + ____ + ____ + ____ = ____

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