

If your score is:

0-4 you are experiencing MILD dry eye symptoms

5-7 you are experiencing MODERATE dry eye symptoms

8+ you are experiencing SEVERE dry eye symptoms

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 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, 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?

0 Never

1 Rarely

2 Sometimes

3 Frequently

4 Constantly

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

____ + ____ + ____ + ____ + ____ = _____