

DRY EYE QUESTIONNAIRE (DEQ-5)

Name: _____

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 feel 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 INTENSE AT ALL				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 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 INTENSE AT ALL				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

Reference:
Chalmers RL, Begley CG, Caffery B. Validation of the 5-Item Dry Eye Questionnaire (DEQ-5): Discrimination across self-assessed severity and aqueous tear deficient dry eye diagnoses. Cont Lens Anterior Eye. 2010 Apr;33(2):55-60.