DRY EYE QUESTIONNAIRE (DEQ-5)

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a. During a typical day in the past month, how often did your eyes feel discomfort? NEVER	Questions about	EYE DISCOMFORT:		Name:	
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 be NEVER HAVE IT NOT INTENSE AT ALL 2 3 4 5 Questions about EYE DRYNESS: a. During a typical day in the past month, how often did your eyes dry? NEVER RARELY SOMETIMES FREQUENTLY CONSTANTLY 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 0 VERY INTENSE TO During a typical day in the past month, how often did your eyes look or feel exessively watery? NEVER RARELY SOMETIMES FREQUENTLY CONSTANTLY	a. During a typical day	y in the past month, how of	ften did your eyes feel dis	comfort?	
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 be NEVER HAVE IT NOT INTENSE AT ALL 2 3 4 5 Questions about EYE DRYNESS: a. During a typical day in the past month, how often did your eyes dry? NEVER RARELY SOMETIMES FREQUENTLY CONSTANTLY 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 2 3 4 5 Questions about WATERY EYES: During a typical day in the past month, how often did your eyes look or feel exessively watery? NEVER RARELY SOMETIMES FREQUENTLY CONSTANTLY	NEVER	RARELY	SOMETIMES	FREQUENTLY	CONSTANTLY
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TOTAL

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Reference:

Score: 1a

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.

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