

The Dry Eye Questionnaire 5

1. Questions about **EYE DISCOMFORT**:

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Frequently
- 5 Constantly

B. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within 2 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?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Frequently
- 5 Constantly

B. When your eyes felt dry, how intense was this feeling of dryness at the end of the day, within 2 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**:

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Frequently
- 5 Constantly

TOTAL SCORE (Please add all of the numbers associated with your selected answers): _____

Notes: A composite score >10 suggests dry eye

Additional Questions (do not include in score):

4. Questions about **ITCHY EYES**:

A. During a typical day, how itchy do your eyes feel, at night?

Never have it Not at all intense

Very Intense

0 1 2 3 4 5

B. During a typical day, how itchy do your eyes feel, during the day?

Never have it Not at all intense

Very Intense

0 1 2 3 4 5